

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000100081

**Entity Name:** SMALL TALK SPEECH THERAPY LLC

**Current Principal Place of Business:**

12725 SW 112 TR  
MIAMI, FL 33186

**Current Mailing Address:**

12725 SW 112 TR  
MIAMI, FL 33186 US

**FEI Number:** 47-1190262

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

A GOLDMAN ACCOUNTING & TAX SERVICE INC  
2006 GRANADA DR  
STE M-1  
COCONUT CREEK, FL 33066 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name JARAMILLO, FRANCESCA MEL  
Address 12725 SW 112 TR  
City-State-Zip: MIAMI FL 33186

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** FRANCESCA MEL JARAMILLO

MGR

03/23/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date