

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123398

**Entity Name:** SMITH SPEECH PATHOLOGY SERVICES, LLC

**Current Principal Place of Business:**

100 NORTH FEDERAL HWY  
APT 621  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

100 NORTH FEDERAL HWY  
APT 621  
FORT LAUDERDALE, FL 33301

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SMITH, DEANNA R  
100 NORTH FEDERAL HWY.  
APT. 621  
FORT FORTLAUDERDALE, FL 33301 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           MANAGER  
Name           SMITH, DEANNA ROSE  
Address        100 NORTH FEDERAL HWY  
                  APT 621  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** DEANNA SMITH

**REGISTERED AGENT**

**03/28/2017**

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

\_\_\_\_\_  
Date