

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000123398

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

**Current Principal Place of Business:**

560 S. SAPODILLA AVE  
APT 101  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

560 S. SAPODILLA AVE  
APT 101  
WEST PALM BEACH, FL 33401 US

**FEI Number:** 82-1909700

**Certificate of Status Desired:** No

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

SMITH, DEANNA R  
560 S. SAPODILLA AVE  
APT 101  
WEST PALM BEACH, FL 33401 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        560 S. SAPODILLA AVE  
                  APT 101  
City-State-Zip: WEST PALM BEACH FL 33401

*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

04/11/2020

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

\_\_\_\_\_  
Date