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: KIM LOBATO	MGR	03/07/2020		

Authorized Person(s) Detail :					
Title	MGR	Title	MGR		
Name	GERMANA, KIRSTEN	Name	LOBATO, KIM		
Address	5020 GODDARD AVENUE	Address	5020 GODDARD AVENUE		

City-State-Zip: ORLANDO FL 32804

LOBATO, KIM 5020 GODDARD AVENUE ORLANDO, FL 32804 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.

Entity Name: CENTER FOR SPEECH & LANGUAGE, LLC **Current Principal Place of Business:**

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

5020 GODDARD AVENUE ORLANDO, FL 32804

Current Mailing Address:

DOCUMENT# L18000074745

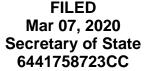
5020 GODDARD AVENUE ORLANDO, FL 32804 US

FEI Number: 82-5013680

Name and Address of Current Registered Agent:

SIGNATURE: KIM LOBATO 03/07/2020 Date Electronic Signature of Registered Agent

Electronic Signature of Signing Authorized Person(s) Detail



Certificate of Status Desired: No

City-State-Zip: ORLANDO FL 32804

Date