

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000187736

**Entity Name:** TELEFUN SPEECH THERAPY SERVICES, LLC

**Current Principal Place of Business:**

3805 TORRES CIR  
WEST PALM BEACH, FL 33409--811

**Current Mailing Address:**

3805 TORRES CIR  
WEST PALM BEACH, FL 33409--811 UN

**FEI Number: 86-3568316**

**Certificate of Status Desired: No**

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

ROTUNDO, ILENA  
3805 TORRES CIR  
WEST PALM BEACH, FL 33409 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 ROTUNDO, ILENA  
Address 3805 TORRES CIR  
City-State-Zip: WEST PALM BEACH FL 33409--811

*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: ROTUNDO, ILENA**

**OWNER**

**02/24/2023**

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

\_\_\_\_\_ Date