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: MEGHAN GAVAGNI

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L23000334493 Entity Name: FLAMINGO SPEECH LANGUAGE THERAPY, LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

6504 FLAMINGO WAY COCONUT CREEK, FL 33073

Current Mailing Address:

6504 FLAMINGO WAY COCONUT CREEK, FL 33073 US

FEI Number: 93-2406721

Name and Address of Current Registered Agent:

GAVAGNI, MEGHAN 6504 FLAMINGO WAY COCONUT CREEK, FL 33073 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	GAVAGNI, MEGHAN	Name	GAVAGNI, BRETT
Address	6504 FLAMINGO WAY	Address	6504 FLAMINGO WAY
City-State-Zip:	COCONUT CREEK FL 33073	City-State-Zip:	COCONUT CREEK FL 33073

HAN GAVAGNI OWNER/MANAGER

02/26/2024

FILED Feb 26, 2024 Secretary of State 8120836067CC

Certificate of Status Desired: No

Date

Date