

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000399775

**Entity Name:** KCN SPEECH-LANGUAGE PATHOLOGY, PLLC

**Current Principal Place of Business:**

13617 DUMONT RD.  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

13617 DUMONT RD.  
PALM BEACH GARDENS, FL 33418 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

NOONE, KATHLEEN  
13617 DUMONT RD.  
PALM BEACH GARDENS, FL 33418 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:** NOONE, KATHLEEN

04/02/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	NOONE, KATHLEEN	Name	NOONE, STEPHEN
Address	13617 DUMONT RD.	Address	13617 DUMONT RD.
City-State-Zip:	PALM BEACH GARDENS FL 33418	City-State-Zip:	PALM BEACH GARDENS FL 33418

*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:** NOONE, KATHLEEN

AMBR

04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date