## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000002435

Title:

Name:

Address:

City-St-Zip:

Entity Name: INTERACTIVE SPEECH SOLUTIONS, LLC

(X) Delete

HOGUE, THOMAS

140 SW 9TH AVE., #104

PLANTATION, FL 33324

FILED Feb 26, 2009 Secretary of State

Current Pr	incipal Place	of Business:	New Princ	New Principal Place of Business:		
140 SW 9TH AVE., #104 PLANTATION, FL 33324			SUITE 115	100 N.W. 70TH AVENUE SUITE 115 PLANTATION, FL 33317		
Current Ma	ailing Address	::	New Mailir	New Mailing Address:		
	CABALLO COU EACH, FL 334					
FEI Number:	86-1055566	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Cer	tificate of Status Desired()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
C/O FRANI 7805 S.W.	EVEN C ESQ. K, WEINGERG 6TH COURT DN, FL 33324	& BLACK, P.L. US				
The above in the State		ubmits this statement for the pur	pose of changing it	s registered office	or registered agent, or both	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			1	Date		
MANAGING N	MEMBERS/MANAG	GERS:	ADDITIONS/C	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	D ()[ BRANT, LAWREI 10248 EL CABAI DELRAY BEACH	LO CT	Title: Name: Address: City-St-Zip:	()Char	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	VP ()[ BRODIE, JOHN 2967 MYRTLE O DAVIE, FL 3332		Title: Name: Address: City-St-Zip:	PRES (X) Char BRODIE, JOHN 2967 MYRTLE OAK DAVIE, FL 33328	nge ( ) Addition	
Title: Name: Address: City-St-Zip:	VP () I MGREGOR, PEE 1451 NW 129 W SUNRISE, FL 33	AY	Title: Name: Address: City-St-Zip:	( ) Char	nge ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: JOHN A. BRODIE PRES 02/26/2009