

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000014535

FILED
Aug 18, 2008
Secretary of State

Entity Name: SPEECHVILLE LLC

Current Principal Place of Business:

2318 NW BAY COLONY COURT
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 8524
PORT ST. LUCIE, FL 349528524

New Mailing Address:

1680 POCAHONTAS ST.
C/O PATRICIA MORIN
NORFOLK, VA 23511 US

FEI Number: 04-3747197 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GENG, LISA F
2318 NW BAY COLONY COURT
STUART, FL 34994 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MIKEL, GINA M
Address: 50 ORCHARD LANE
City-St-Zip: KIRKWOOD, MO 63122

Title: MGRM () Delete
Name: MUSTAFA, CINDY
Address: 8732 EAGLE SPRINGS DR.
City-St-Zip: ALBUQUERQUE, NM 87113

Title: MGRM () Delete
Name: RHONDA, JACOBSON
Address: 33 ROSE GREEN DRIVE
City-St-Zip: THORNHILL, ON L4J4R8 CA

Title: MGRM () Delete
Name: PATRICIA, MORIN
Address: 1680 POCAHONTAS
City-St-Zip: NORFOLK, VA 23511

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PATRICIA MORIN

MGRM

08/18/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date