

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054925

FILED
Jul 30, 2006
Secretary of State

Entity Name: CHATTERBOX SPEECH & FEEDING THERAPY, LLC

Current Principal Place of Business:

2919 W. ROGERS AVE.
TAMPA, FL 33611

New Principal Place of Business:

4011 PRIORY CIRCLE
TAMPA, FL 33618

Current Mailing Address:

2919 W. ROGERS AVE.
TAMPA, FL 33611

New Mailing Address:

4011 PRIORY CIRCLE
TAMPA, FL 33618

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

PUTMAN, RENEE L
2919 W. ROGERS AVE.
TAMPA, FL 33611 US

Name and Address of New Registered Agent:

KING, RENEE L
4011 PRIORY CIRCLE
TAMPA, FL 33618 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: RENEE KING

07/30/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RENEE PUTMAN,
Address: 2919 W. ROGERS AVE
City-St-Zip: TAMPA, FL 33611

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RENEE KING,
Address: 4011 PRIORY CIRCLE
City-St-Zip: TAMPA, FL 33618

I hereby certify that the information supplied with this filing does not qualify for the 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: RENEE KING

MGR

07/30/2006

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