

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054925

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** CHATTERBOX SPEECH & FEEDING THERAPY, LLC

**Current Principal Place of Business:**

4011 PRIORY CIRCLE  
TAMPA, FL 33618

**New Principal Place of Business:**

9716 TIFFANY OAKS LN  
TAMPA, FL 33612

**Current Mailing Address:**

4011 PRIORY CIRCLE  
TAMPA, FL 33618

**New Mailing Address:**

P.O. BOX 273775  
TAMPA, FL 33688

**FEI Number:** 20-3694945

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

KING, RENEE L  
9716 TIFFANY OAKS LN  
TAMPA, FL 33612 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:

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RENEE KING  
Address: 9716 TIFFANY OAKS LN  
City-St-Zip: TAMPA, FL 33612

I hereby 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

01/05/2010

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