

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000031195

Entity Name: DEAF TALK, LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

12514 INDIANA WOODS LANE  
ORLANDO, FL 32824

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 620664  
ORLANDO, FL 32862

**New Mailing Address:**

FEI Number: 20-4619826

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

JOHNSON, MALIA K  
12514 INDIANA WOODS LANE  
ORLANDO, FL 32824 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: CEO  
Name: JOHNSON, MALIA K  
Address: 12514 INDIANA WOODS LN  
City-St-Zip: ORLANDO, FL 32824

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: MALIA K. JOHNSON

CEO

01/06/2010

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