

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000113208

**FILED  
Feb 20, 2010  
Secretary of State**

**Entity Name:** CORRECTIVE COMMUNICATION THERAPY LLC

**Current Principal Place of Business:**

16432 E PREAKNESS DRIVE  
LOXAHATCHEE, FL 33470 US

**New Principal Place of Business:**

**Current Mailing Address:**  
16432 E PREAKNESS DRIVE  
LOXAHATCHEE, FL 33470 US

**New Mailing Address:**

FEI Number: 20-8764480      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

KNOWLES, KECIA N  
16432 E PREAKNESS DRIVE  
LOXAHATCHEE, FL 33470 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: MGR  
Name: KNOWLES, KECIA N  
Address: 16432 E PREAKNESS DRIVE  
City-St-Zip: LOXAHATCHEE, FL 33470 US

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: KECIA KNOWLES

MGR

02/20/2010

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