

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074029

FILED
May 01, 2009
Secretary of State

Entity Name: SUMTER SPEECH AND LANGUAGE THERAPY CENTER, PL

Current Principal Place of Business:

218 N. FLORIDA STREET, STE. 3
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

218 N. FLORIDA STREET, STE. 3
BUSHNELL, FL 33513 US

New Mailing Address:

1586 CR 543A
SUMTERVILLE, FL 33585 US

FEI Number: 26-0553708 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:

Name and Address of New Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: J. BERRY, SHANNON L
Address: 218 N. FLORIDA STREET, STE. 3
City-St-Zip: BUSHNELL, FL 33513 US

Title: MGRM () Delete
Name: BERRY, CHRISTOPHER W
Address: 218 N. FLORIDA STREET, STE. 3
City-St-Zip: BUSHNELL, FL 33513 US

ADDITIONS/CHANGES:

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: SHANNON L. J. BERRY

MGRM

05/01/2009

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