

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000012381

**FILED**  
**Mar 10, 2011**  
**Secretary of State**

**Entity Name:** ORLANDO STUTTERING CENTER, LLC

**Current Principal Place of Business:**

4401 EAST COLONIAL DRIVE  
SUITE #107  
ORLANDO, FL 32803

**New Principal Place of Business:**

**Current Mailing Address:**

4401 EAST COLONIAL DRIVE  
SUITE #107  
ORLANDO, FL 32803

**New Mailing Address:**

**FEI Number:** 26-1887449

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIBBONS, THOMAS M  
15556 GALBRI DRIVE  
ORLANDO, FL 32828 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:** THOMAS GIBBONS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** GIBBONS, THOMAS M  
**Address:** 15556 GALBRI DRIVE  
**City-St-Zip:** ORLANDO, FL 32828

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:** THOMAS GIBBONS

MR

03/10/2011

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