

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000033495

FILED
Apr 20, 2010
Secretary of State

Entity Name: COASTAL SPEECH THERAPY LLC

Current Principal Place of Business:

13400 SUTTON PARK DRIVE
SUITE 1101
JACKSONVILLE, FL 32224

New Principal Place of Business:

13525 VALBUENA CT
JACKSONVILLE, FL 32224

Current Mailing Address:

13525 VALBUENA CT
JACKSONVILLE, FL 32224

New Mailing Address:

FEI Number: 26-4600206

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OTTO, IAN
13525 VALBUENA CT
JACKSONVILLE, FL 32224 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: MGRM
Name: OTTO, IAN
Address: 13525 VALBUENA CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGRM
Name: OTTO, JESSICA
Address: 13525 VALBUENA CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: MR
Name: DUBAY, RICHARD
Address: 3358 SHAUNA OAKS DRIVE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MR
Name: SALE, BARNES
Address: 2238 BEACHCOMBER TRAIL
City-St-Zip: ATLANTIC BEACH, FL 32233

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: IAN OTTO

MGRM

04/20/2010

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