

LD90000042796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

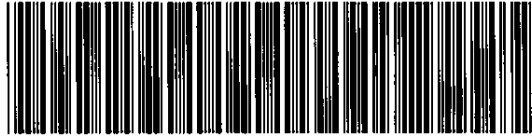
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09 MAY 22 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Outman MAY 26 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shaping Speech Therapy, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kelly Robertson

Name of Person

Shaping Speech Therapy, LLC

Firm/Company

1358 Twin Rivers Blvd.

Address

Oviedo, FL 32766

City/State and Zip Code

shapingspeech@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kelly Robertson

Name of Person

at (407)

690-2056

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| ☒ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee &
Certificate of Status | ☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | ☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Shaping Speech Therapy, LLC

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 TALLAHASSEE FLORIDA

Dated _____, _____.

Kelly Robertson, managing member
 Signature of a member or authorized representative of a member
Kelly Robertson
 Typed or printed name of signee