

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000042796

FILED
Jan 14, 2010
Secretary of State

Entity Name: SHAPING SPEECH THERAPY, LLC

Current Principal Place of Business:

1358 TWIN RIVERS BLVD
OVIEDO, FL 32766 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 621454
OVIEDO, FL 32762

New Mailing Address:

FEI Number: 27-0170675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBERTSON, KELLY M
1358 TWIN RIVERS BLVD
OVIEDO, FL 32766 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: ROBERTSON, KELLY M
Address: 1358 TWIN RIVERS BLVD
City-St-Zip: OVIEDO, FL 32766 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: KELLY M ROBERTSON

MGR

01/14/2010

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