

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042796

**Entity Name:** SHAPING SPEECH THERAPY, LLC

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**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

04/23/2011

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