

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030581

**FILED**  
**Apr 09, 2012**  
**Secretary of State**

**Entity Name:** LET'S TALK! SPEECH THERAPY SERVICES, LLC

**Current Principal Place of Business:**

6821 EDEN LN  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

6821 EDEN LN  
TAMPA, FL 33634 US

**New Mailing Address:**

**FEI Number:** 27-2145851

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KALOUSTIAN, ELENA  
6821 EDEN LN  
TAMPA, FL 33634 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: KALOUSTIAN, ELENA  
Address: 6821 EDEN LN  
City-St-Zip: TAMPA, FL 33634 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: ELENA KALOUSTIAN

MGRM

04/09/2012

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