

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052531

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** MARGARET M. FEIN, M.A., CCC SPEECH AND LANGUAGE PATHOLOGY SERVICES LLC

**Current Principal Place of Business:**

2510 W. WATERS AVE  
TAMPA, FL 33614 18

**New Principal Place of Business:**

**Current Mailing Address:**

2510 W. WATERS AVE  
TAMPA, FL 33614 18

**New Mailing Address:**

**FEI Number:** 80-0603607

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEIN, MARGARET M  
1202 CEDAR LAKE DRIVE  
TAMPA, FL 33612 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: FEIN, MARGARET M  
Address: 1202 CEDAR LAKE DRIVE  
City-St-Zip: TAMPA, FL 33612

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: MARGARET FEIN

PRES

01/20/2012

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