

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000060855

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** THE VOICE INSTITUTE LLC

**Current Principal Place of Business:**

2715 WEST SLIGH AVENUE  
TAMPA, FL 33614

**New Principal Place of Business:**

1808 MAGDALENE MANOR DRIVE  
TAMPA, FL 33613

**Current Mailing Address:**

2715 WEST SLIGH AVENUE  
TAMPA, FL 33614

**New Mailing Address:**

1808 MAGDALENE MANOR DRIVE  
TAMPA, FL 33613

**FEI Number:** 05-0543909

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKOTKO, JANET  
2715 WEST SLIGH AVENUE  
TAMPA, FL 33614 US

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

SKOTKO, JANET  
1808 MAGDALENE MANOR DRIVE  
TAMPA, FL 33613 US

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:

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SKOTKO, JANET  
Address: 1808 MAGDALENE MANOR DRIVE  
City-St-Zip: TAMPA, FL 33613

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: JANET SKOTKO

MS.

04/30/2012

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