

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066150

**FILED  
Apr 29, 2012  
Secretary of State**

**Entity Name:** CREATIVE CARE SPEECH THERAPY, LLC

**Current Principal Place of Business:**

1021 NE SANTA CRUZ DR.  
JENSEN BEACH, FL 34957

**New Principal Place of Business:**

**Current Mailing Address:**

1021 NE SANTA CRUZ DR.  
JENSEN BEACH, FL 34957

**New Mailing Address:**

**FEI Number:** 27-4596839      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

HOFFMAN, CHELSEA  
1021 NE SANTA CRUZ DR.  
JENSEN BEACH, FL 34957      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:** HOFFMAN, CHELSEA  
**Address:** 1021 NE SANTA CRUZ DR.  
**City-St-Zip:** JENSEN BEACH, FL 34957

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: CHELSEA HOFFMAN      MGR      04/29/2012

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