# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 24, 2012**
**Secretary of State**

DOCUMENT# L11000011496

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

**Current Principal Place of Business:**

8025 SW 107TH AVE., NO. 315
MIAMI, FL 33173

**New Principal Place of Business:**

**Current Mailing Address:**

8025 SW 107TH AVE., NO. 315
MIAMI, FL 33173

**New Mailing Address:**

**FEI Number: 90-0740267** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

MANRIQUE, LILLIAM V
8025 SW 107TH AVE., NO. 315
MIAMI, FL 33173 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: MANRIQUE, LILLIAM V
Address: 8025 SW 107TH AVE., NO. 315
City-St-Zip: MIAMI, FL 33173

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 Statues.

SIGNATURE: LILLIAM MANRIQUE MGR 04/24/2012

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