

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000118028

Entity Name: WELL SAID THERAPY, LLC

FILED  
Apr 02, 2012  
Secretary of State

**Current Principal Place of Business:**

3414 WEST CORONA STREET  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3414 WEST CORONA STREET  
TAMPA, FL 33629

**New Mailing Address:**

FEI Number: 45-3635201

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROBERTS, NICOLE L  
3414 WEST CORONA STREET  
TAMPA, FL 33629 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: ROBERTS, NICOLE L  
Address: 3414 WEST CORONA STREET  
City-St-Zip: TAMPA, FL 33629

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: NICOLE L. ROBERTS

MGRM

04/02/2012

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