

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000054045

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

**Current Principal Place of Business:**

12244 SW 123 PLACE  
MIAMI, FL 33186

**Current Mailing Address:**

12244 SW 123 PLACE  
MIAMI, FL 33186 US

**FEI Number:** 45-5163510

**Certificate of Status Desired:** No

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

FISHER, NICOLE L  
12244 SW 123 PLACE  
MIAMI, FL 33186 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:** NICOLE FISHER

04/27/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FISHER, NICOLE L  
Address 12244 SW 123 PLACE  
City-State-Zip: MIAMI FL 33186

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NICOLE FISHER

MGR

04/27/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date