

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000066242

Entity Name: STARS CENTER FOR SPEECH THERAPY & RELATED SERVICES LLC**Current Principal Place of Business:**12030 SW 129TH CT
STE 209
MIAMI, FL 33186**Current Mailing Address:**12030 SW 129TH CT
STE 209
MIAMI, FL 33186 US**FEI Number: 36-4731468****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ABBY & ASSOCIATES SLP LLC
8750 SW 213TH TERRACE
CUTLER BAY, FL 33189 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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**Title MGRM
Name ABBY & ASSOCIATES SLP LLC
Address 8750 SW 213TH TERRACE
City-State-Zip: CUTLER BAY FL 33189Title MGRM
Name CL SPEECH THERAPY LLC
Address 20604 SW 127TH PL
City-State-Zip: MIAMI FL 33177Title MGRM
Name EXPRESS IT SPEECH & LANGUAGE THERAPY INC
Address 8461 SW 196TH TERRACE
City-State-Zip: CUTLER BAY FL 33189Title MGRM
Name SAY IT SPEECH & LANGUAGE THERAPY CORP
Address 14400 SW 92ND AVENUE
City-State-Zip: MIAMI FL 33176Title MGRM
Name SPEECH PRO ASSOCIATES INC
Address 24062 SW 112 CT
City-State-Zip: HOMESTEAD FL 33032

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: FELICE P ABBY**MANAGING DIRECTOR****06/25/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date