

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000116504

**Entity Name:** GISELLE SPEECH AND LANGUAGE THERAPY, LLC.

**Current Principal Place of Business:**

1723 SW 2ND AVE  
UNIT 1202  
MIAMI DADE, FL 33129

**Current Mailing Address:**

1723 SW 2ND AVE  
UNIT 1202  
MIAMI DADE, FL 33129 US

**FEI Number:** 46-3452276

**Certificate of Status Desired:** No

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

PAREDES, LILA GISELLE  
1723 SW 2ND AVE  
UNIT 1202  
MIAMI DADE, FL 33129 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:** LILA G PAREDES

04/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name PAREDES VERA, LILA G  
Address 1723 SW 2ND AVE  
UNIT 1202  
City-State-Zip: MIAMI DADE FL 33129

*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:** LILA G PAREDES VERA

MGRM

04/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date