

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000061414

Entity Name: CNC BILINGUAL SPEECH THERAPY SERVICES PLLC

Current Principal Place of Business:

CLAUDIA N. CORON
5033 N.W. 7TH STREET, SUITE 302
MIAMI, FL 33126

Current Mailing Address:

CLAUDIA N. CORON
5033 N.W. 7TH STREET, SUITE 302
MIAMI, FL 33126

FEI Number: 46-5448089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CNC BILINGUAL SPEECH THERAPY SERVICES
5033 NW 7TH STREET
APT #302
MIAMI, FL 33126 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: CLAUDIA NICOLE CORON, M.S. CCC-SLP

05/01/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CORON, CLAUDIA N
Address 5033 N.W. 7TH STREET, APT. 302
City-State-Zip: MIAMI FL 33126

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: CORON, CLAUDIA

MGRM

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date