## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000262930

Entity Name: WISE SPEECH THERAPY LLC

**Current Principal Place of Business:** 

1451 SW 18TH AVE

FORT LAUDERDALE. FL 33312

**Current Mailing Address:** 

1451 SW 18TH AVE

FORT LAUDERDALE. FL 33312 US

FEI Number: 83-2533520 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WISE, CAROLYNN 1451 SW 18TH AVE

FORT LAUDERDALE, FL 33312 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: CAROLYNN WISE 01/21/2023

Electronic Signature of Registered Agent

Date

FILED Jan 21, 2023

**Secretary of State** 

4827072021CC

Authorized Person(s) Detail:

Title MGR

Name WISE, CAROLYNN Address 1451 SW 18TH AVE

City-State-Zip: FORT LAUDERDALE FL 33312

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: CAROLYNN WISE MGR 01/21/2023