#### 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000148501

Entity Name: SLP SPEAK 2 ME SPEECH THERAPY, LLC

# **Current Principal Place of Business:**

274 WILSHIRE BLVD SUITE 269 CASSELBERRY, FL 32707

# **Current Mailing Address:**

1799 LAKELET LOOP OVIEDO, FL 32765

FEI Number: 85-1332113 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

HALL, CARLA C 1799 LAKELET LOOP OVIEDO, FL 32765 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

**FILED** Feb 19, 2024

**Secretary of State** 

3311454075CC

# Authorized Person(s) Detail:

Title **AMBR** 

HALL. CARLA C Name Address 1799 LAKELET LOOP City-State-Zip: OVIEDO FL 32765

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.

**OWNER** 

SIGNATURE: CARLA C HALL

Electronic Signature of Signing Authorized Person(s) Detail

02/19/2024

Date