

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000400814

**Entity Name:** PATRICIA MCCOWN, M.S.,CCC-SLP LLC

**Current Principal Place of Business:**

833 HARBOR INN DR  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

833 HARBOR INN DR  
CORAL SPRINGS, FL 33071 US

**FEI Number:** 92-0363835

**Certificate of Status Desired:** No

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

MCCOWN, PATRICIA  
833 HARBOR INN DR  
CORAL SPRINGS, FL 33071 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 MGR  
Name MCCOWN, PATRICIA  
Address 833 HARBOR INN DR  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** PATRICIA MCCOWN

**MANAGER**

**02/02/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date