

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000275091

**Entity Name:** J&E SPEECH THERAPY LLC

**Current Principal Place of Business:**

7060 WEST 3RD AVE  
HIALEAH, FL 33014

**Current Mailing Address:**

7060 WEST 3RD AVE  
HIALEAH, FL 33014 US

**FEI Number:** 87-1194026

**Certificate of Status Desired:** No

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

PEREZ, JOANYS  
7060 WEST 3RD AVE  
HIALEAH, FL 33014 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            AMBR  
Name            PEREZ, JOANYS  
Address        7060 WEST 3RD AVE  
City-State-Zip: HIALEAH FL 33014

*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:** JOANYS PEREZ

03/06/2023

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

\_\_\_\_\_ Date