

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038397

Entity Name: LITTLE BIG STEPS THERAPY SERVICES, LLC

Current Principal Place of Business:

142 S SEMORAN BLVD
ORLANDO, FL 32807

Current Mailing Address:

PO BOX 537
GOLDENROD, FL 32733

FEI Number: 20-2824991

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KELLIE E. TOMEO, P.A.
KELLIE E. TOMEO, ESQ
2699 LEE ROAD SUITE 101
WINTER PARK, FL 32789 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 | MS | Title | MR |
| Name | CURET-BURGOS, BEATRIZ PRESIDE | Name | BURGOS, PABLO JVICE-PR |
| Address | !42 S SEMORAN BLVD | Address | 142 S SEMORAN BLVD |
| City-State-Zip: | ORLANDO FL 32807 | City-State-Zip: | ORLANDO FL 32807 |

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: BEATRIZ CURET-BURGOS

PRESIDET

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date