

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038397

**FILED**  
**May 03, 2015**  
**Secretary of State**  
**CC1984503277**

**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

**PRESIDENT**

**05/03/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date