

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000018348

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** LITTLE FLOWERS OF HOPE,CENTER FOR CHILDREN WITH SPECIAL NEEDS, LLC

**Current Principal Place of Business:**

6550 GRIFFIN ROAD  
SUITE #105  
DAVIE, FL 33314 US

**New Principal Place of Business:**

**Current Mailing Address:**

6550 GRIFFIN ROAD  
SUITE #105  
DAVIE, FL 33314 US

**New Mailing Address:**

**FEI Number:** 11-3744025

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LITTLE FLOWERS OF HOPE, CTR. FOR CHILDREN  
6550 GRIFFIN ROAD  
SUITE #105  
DAVIE, FL 33314 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SIMCOX, AMY E OWNER  
Address: 6550 GRIFFIN ROAD, STE. #105  
City-St-Zip: DAVIE, FL 33314 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: AMY E. SIMCOX

OWN

04/20/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date