

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038397

FILED
Apr 28, 2008
Secretary of State

Entity Name: LITTLE BIG STEPS THERAPY SERVICES, LLC

Current Principal Place of Business:

2128 SHADYHILL TERR
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

PO BOX 537
GOLDENROD, FL 32733

New Mailing Address:

FEI Number: 20-2824991

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KELLIE E. TOMEO, P.A.
KELLIE E. TOMEO, ESQ
801 INTERNATIONAL PKWY, 5TH FLOOR
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

KELLIE E. TOMEO, P.A.
KELLIE E. TOMEO, ESQ
300 N RONALD REAGAN BLVD SUITE 307
LONGWOOD, FL 32750 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:

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MRS () Delete
Name: CURET-BURGOS, BEATRIZ
Address: 2128 SHADYHILL TERRACE
City-St-Zip: WINTER PARK, FL 32792

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MS (X) Change () Addition
Name: CURET-BURGOS, BEATRIZ PRESIDE
Address: 2128 SHADYHILL TERRACE
City-St-Zip: WINTER PARK, FL 32792

Title: MR () Change (X) Addition
Name: BURGOS, PABLO J VICE-PR
Address: 2128 SHADYHILL TERRACE
City-St-Zip: WINTER PARK, FL 32792

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: BEATRIZ CURET-BURGOS

MS

04/28/2008

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