

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038397

**FILED**  
**Mar 23, 2011**  
**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:**

142 S SEMORAN BLVD  
ORLANDO, FL 32807

**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  
300 N RONALD REAGAN BLVD SUITE 307  
LONGWOOD, FL 32750 US

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

KELLIE E. TOMEO, P.A.  
KELLIE E. TOMEO, ESQ  
1945 W/CR 419 SUITE 1141-115  
CHULUOTA, FL 32766 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:

03/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MS  
Name: CURET-BURGOS, BEATRIZ PRESIDE  
Address: 142 S SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807

Title: MR  
Name: BURGOS, PABLO J VICE-PR  
Address: 142 S SEMORAN BLVD  
City-St-Zip: ORLANDO, FL 32807

I hereby 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

03/23/2011

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