

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000002978

FILED
Jan 22, 2008
Secretary of State

Entity Name: KIDS CONNECTION THERAPY, LLC

Current Principal Place of Business:

1836 BLAINE TERRACE
WINTER PARK, FL 32792

New Principal Place of Business:

140 N. ORLANDO AVE. SUITE 280
WINTER PARK, FL 32789

Current Mailing Address:

1836 BLAINE TERRACE
WINTER PARK, FL 32792

New Mailing Address:

140 N. ORLANDO AVE. SUITE 280
WINTER PARK, FL 32789

FEI Number: 11-3329508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALCESKI, NIKA C
1836 BLAINE TERRACE
WINTER PARK, FL 32792 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: MGRM () Delete
Name: PALCESKI, NIKA C
Address: 1836 BLAINE TERRACE
City-St-Zip: WINTER PARK, FL 32792

Title: MGRM () Delete
Name: PALCESKI, KATHERINE K
Address: 1836 BLAINE TERRACE
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: PALCESKI, KATHERINE K
Address: 1558 ALMOND AVE
City-St-Zip: ORLANDO, FL 32814

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: KATHERINE PALCESKI

LCSW

01/22/2008

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