

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000002978

**FILED**  
**Mar 06, 2011**  
**Secretary of State**

**Entity Name:** KIDS CONNECTION THERAPY, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

875 OUTER ROAD  
ORLANDO, FL 32814

**Current Mailing Address:**

742 GRANVILLE DR  
WINTER PARK, FL 32789

**New Mailing Address:**

875 OUTER ROAD  
ORLANDO, FL 32814

**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  
742 GRANVILLE DRIVE  
WINTER PARK, FL 32789 US

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

PALCESKI, NIKA C  
875 OUTER ROAD  
ORLANDO, FL 32814 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: NIKA PALCESKI

03/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PALCESKI, NIKA C  
Address: 875 OUTER ROAD  
City-St-Zip: ORLANDO, FL 32814

Title: MGRM  
Name: PALCESKI, KATHERINE K  
Address: 875 OUTER ROAD  
City-St-Zip: ORLANDO, FL 32814

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: KATHERINE PALCESKI

MGMR

03/06/2011

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