2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2009
Secretary of State

DOCUMENT# L06000011273

Entity Name: CHILD LIFE THERAPY LLC

Current Principal Place of Business:

1486 SWANSON DR.
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1486 SWANSON DR.
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 87-0761602 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HOY, DENA H MGRM
1027 PINEHURST COURT
OVIEDO, FL 32765 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: HUNTLEY-HOY, DENA
Address: 1027 PINEHURST COURT
City-St-Zip: OVIEDO, FL 32765

Title: MGRM ( ) Delete
Name: ANIRUTH, AARTHI
Address: 17142 SHADYRIDGE COURT
City-St-Zip: ORLANDO, FL 32807

Title: MGRM ( ) Delete
Name: HOY, STEPHEN M
Address: 1027 PINEHURST CT
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

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

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

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: STEPHEN HOY MGRM 03/29/2009

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