2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 23, 2007 8:00 am
Secretary of State
04-30-2007 90041 026 ****50.00

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1. Entity Name

THERAPEUTIC HANDS OF STEELE, LLC

Principal Place of Business	Mailing Address
5365 BROSCHE RD ORLANDO FL 32807	5365 BROSCHE RD ORLANDO FL 32807

1st MOORE CR2E083 (10/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1507 Lake Baldwin Ln	Same as above
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State
Zip: 32814 Country: Orange	Zip / Country

4. FEI Number EIN#20-5881715 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CYNTHIA, STEELE A 5365 BROSCHE RD ORLANDO FL 32807	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Cynthia A. Steele 4-20-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY ST ZIP	MGRM CYNTHIA, STEELE A 5365 BROSCHE RD ORLANDO FL 32807	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Cynthia A. Steele
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #