

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90121 032 \*\*\*138.75

**DOCUMENT # L07000076082**

1. Entity Name  
CHILDREN'S AUTISM TREATMENT SPECIALISTS, LLC.



00002047

Principal Place of Business  
8932 CROWN COLONY BLVD  
FT MYERS, FL 33908

Mailing Address  
8932 CROWN COLONY BLVD  
FT MYERS, FL 33908

2. Principal Place of Business - No P.O. Box #:

18070 S. TAMIAH I TRL

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNIT 16

Suite, Apt. #, etc.

City & State

FT MYERS FL

City & State

Zip  
33957

Country  
LEE

Zip

Country

01182008

Chg-LLC

CR2E083 (12/06)

4. FEI Number

51-0645680

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

HALLORAN, STEPHEN  
8932 CROWN COLONY BLVD  
FT MYERS, FL 33908

7. Name and Address of New Registered Agent

Name  
DR. LAURA P. O'SULLIVAN

Street Address (P.O. Box Number is Not Acceptable)

18070 S. TAMIAH I TRL.

UNIT 16

City  
FT MYERS

FL

Zip Code  
33908

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

*L. O'Sullivan*

(LAURA P. O'SULLIVAN, MGR)

1/18/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
O'SULLIVAN, DR LAURA P  
1052 WHISPERWOOD WAY  
SANIBEL, FL 33957 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

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CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*L. O'Sullivan*