## 2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000063002

Entity Name: LITTLE FOOTSTEPS ACADEMY,LLC

**Current Principal Place of Business:** 

4718 OLD HWY 37 LAKELAND, FL 33813

**Current Mailing Address:** 

4718 OLD HWY 37

LAKELAND, FL 33813 US

FEI Number: 37-1640415 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SHIVER, CHARLENE 5711 SHIVER TRAIL PLANT CITY, FL 33565 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:

Electronic Signature of Registered Agent

Date

**FILED** Apr 02, 2016

**Secretary of State** 

CC0561841410

Authorized Person(s) Detail:

Title MGRM Title **MGRM** 

CHARLENE, SHIVER Name TIMOTHY, SHIVER Name 5711 SHIVER TRAIL Address 5711 SHIVER TRAIL Address City-State-Zip: PLANT CITY FL 33565 City-State-Zip: PLANT CITY FL 33565

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLENE SHIVER

Electronic Signature of Signing Authorized Person(s) Detail

04/02/2016

**MGRM** 

Date