2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2019
Secretary of State
5236927336CC

DOCUMENT# L18000220287

Entity Name: LITTLE SPROUTS SPEECH THERAPY, LLC

Current Principal Place of Business:

3545 US1 SOUTH
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

3545 US1 SOUTH
SAINT AUGUSTINE, FL 32086 +1

FEI Number: 83-2081508

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DIMARE, MARIA
3545 US1 SOUTH
SAINT AUGUSTINE, FL 32086 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	DIMARE, MARIA	Name	HALLIWELL, KAITLIN
Address	3545 US1 SOUTH	Address	3545 US1 SOUTH
City-State-Zip:	SAINT AUGUSTINE FL 32086	City-State-Zip:	SAINT AUGUSTINE FL 32086

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: MARIA DIMARE MGR 02/01/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date