

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000092261

**FILED**  
**Feb 08, 2008**  
**Secretary of State**

**Entity Name:** MIND SPECTRUM INSTITUTE, L.L.C.

**Current Principal Place of Business:**

19300 WEST DIXIE HIGHWAY  
SUITE 2  
NORTH MIAMI BEACH, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19300 WEST DIXIE HIGHWAY  
SUITE #2  
NORTH MIAMI BEACH, FL 33180

**New Mailing Address:**

**FEI Number:** 32-0137340      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LILIAN SREDNI, P.A.  
1400 NE MIAMI GARDENS DRIVE, STE. 208  
NORTH MIAMI BEACH, FL 33179 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: COIFFMAN, SANDRA  
Address: 19300 WEST DIXIE HIGHWAY, SUITE #2  
City-St-Zip: NORTH MIAMI BEACH, FL 33180

**ADDITIONS/CHANGES:**

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: SANDRA COIFFMAN

MGRM

02/08/2008

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