

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001759

Entity Name: NEUROPAS GLOBAL LLC

**FILED**  
**May 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4302 W. BROWARD BLVD., SUITE 800  
FORT LAUDERDALE, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

4302 W. BROWARD BLVD., SUITE 800  
FORT LAUDERDALE, FL 33317

**New Mailing Address:**

FEI Number: 27-0858788

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ROSS, DAVID B MD  
4302 W. BROWARD BLVD., SUITE 800  
FORT LAUDERDALE, FL 33317 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  
Name: SOLARI GROUP LLC  
Address: 4302 W. BROWARD BLVD., SUITE 800  
City-St-Zip: FORT LAUDERDALE, FL 33317

Title: MGRM  
Name: CAVAZZI, GARY M SR  
Address: WEDGWOOD, KNOWL HILL  
City-St-Zip: WOKING, XX GU22 7HL UK

I hereby 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: GARY M CAVAZZI, SR

CFO

05/06/2011

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