

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000092261

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

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 32-0137340

**Certificate of Status Desired:** No

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

COIFFMAN-YOHROS, SANDRA  
19300 WEST DIXIE HWY  
SUITE 2  
NORTH MIAMI BEACH, FL 33180 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 MGRM  
Name COIFFMAN-YOHROS, SANDRA  
Address 19300 WEST DIXIE HIGHWAY, SUITE #2  
City-State-Zip: NORTH MIAMI BEACH FL 33180

*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:** SANDRA COIFFMAN-YOHROS

MGR

01/11/2015

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date