

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030632

**Entity Name:** CENTRAL FLORIDA BIOFEEDBACK LLC

**Current Principal Place of Business:**

1073 WILLA SPRINGS DR  
SUITE 1037  
WINTER SPRINGS , FL 32708

**Current Mailing Address:**

3318 BUFFAM PLACE  
CASSELBERRY, FL 32707

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LADD, KELLY JOY  
3318 BUFFAM PL  
CASSELBERRY, FL 32707 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 SANCHEZ, ALEJANDRO A  
Address 3318 BUFFAM PL  
City-State-Zip: CASSELBERRY FL 32707

Title MGRM  
Name LADD, KELLY JOY  
Address 3318 BUFFAM PLACE  
City-State-Zip: CASSELBERRY FL 32707

*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:** ALEJANDRO SANCHEZ

**MANAGER**

**01/26/2024**

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

\_\_\_\_\_  
Date