

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000061172

Entity Name: CENTER FOR SELF BALANCE, LLC

Current Principal Place of Business:

612 E COLONIAL DRIVE
390
ORLANDO, FL 32803

Current Mailing Address:

4558 SOUTHFIELD AVENUE
ORLANDO, FL 32812 UN

FEI Number: 90-0838520

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NOECKER, JOSEPH K
4558 SOUTHFIELD AVENUE
ORLANDO, FL 32812 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 NOECKER, JOSEPH K
Address 4558 SOUTHFIELD AVENUE
City-State-Zip: ORLANDO FL 32812

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: JOSEPH NOECKER

MGRM

03/25/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date