

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000096425

**Entity Name:** THE NEUROFEEDBACK INSITITUTE, LLC

**Current Principal Place of Business:**

1875 N. CORPORATE LAKES BLVD.  
SUITE 300  
WESTON, FL 33326

**Current Mailing Address:**

1875 N. CORPORATE LAKES BLVD.  
SUITE 300  
WESTON, FL 33326 US

**FEI Number:** 46-0721840

**Certificate of Status Desired:** No

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

HARRIS, RICK A  
1875 N. CORPORATE LAKES BLVD.  
SUITE 300  
WESTON, FL 33326 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 HARRIS, RICK A  
Address 1875 N. CORPORATE LAKES BLVD.  
SUITE 300  
City-State-Zip: WESTON FL 33326

Title MGRM  
Name BLANCO, JOSIE  
Address 1875 N. CORPORATE LAKES BLVD.  
SUITE 300  
City-State-Zip: WESTON FL 33326

*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:** RICK A HARRIS

**OWNER**

**02/28/2024**

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

\_\_\_\_\_  
Date