

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000105593

**Entity Name:** NEUROVIP LLC

**Current Principal Place of Business:**

C/O 20988 CIPRES WAY  
BOCA RATON, FL 33433

**Current Mailing Address:**

C/O 20988 CIPRES WAY  
BOCA RATON, FL 33433

**FEI Number:** 46-3282954

**Certificate of Status Desired:** No

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

LLOYD GRANET, P.A.  
2295 NW CORPORATE BLVD.  
SUITE 235  
BOCA RATON, FL 33431-7330 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	MGR	Title	MGR
Name	KATZIN, ROY C MD	Name	KATZIN, HELENE
Address	C/O 20988 CIPRES WAY	Address	C/O 20988 CIPRES WAY
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	BOCA RATON FL 33433

*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:** ROY KATZIN

**MANAGER**

**01/20/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date