

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000080194

**Entity Name:** NEUROFEEDBACK TEAM LLC

**Current Principal Place of Business:**

1920 EAST HALLANDALE BEACH BLVD  
SUITE 903  
HALLANDALE, FL 33009

**Current Mailing Address:**

1920 EAST HALLANDALE BEACH BLVD  
SUITE 903  
HALLANDALE, FL 33009 US

**FEI Number:** 82-1147794

**Certificate of Status Desired:** No

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

LARRAIN, FLORENCIA  
1920 EAST HALLANDALE BEACH BLVD  
SUITE 903  
HALLANDALE , FL 33009 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  
Name BIKICH, CLAUDIO  
Address 12555 BISCAYNE BLVD #748  
City-State-Zip: NORTH MIAMI FL 33181

Title MGR  
Name LARRAIN, FLORENCIA  
Address 1920 EAST HALLANDALE BEACH  
BLVD  
SUITE 903  
City-State-Zip: HALLANDALE FL 33009

*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:** CLAUDIO BIKICH

**MGR**

**01/09/2018**

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

\_\_\_\_\_  
Date