2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Jan 09, 2018
Secretary of State
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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	Title	MGR
Name	BIKICH, CLAUDIO	Name	LARRAIN, FLORENCIA
Address	12555 BISCAYNE BLVD #748	Address	1920 EAST HALLANDALE BEACH BLVD SUITE 903
City-State-Zip:	NORTH MIAMI FL 33181	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