

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000439425

Entity Name: NEUROPSYCHOLOGICAL TRAINING CENTER USA LLC

Current Principal Place of Business:

1000 W PEMBROKE RD
HALLANDALE BEACH, FL 33009

Current Mailing Address:

1000 W PEMBROKE RD
HALLANDALE BEACH, FL 33009 US

FEI Number: 87-2998538

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LA&C FINANCIAL CONSULTING, LLC
2645 EXECUTIVE PARK DRIVE
642
WESTON, FL 33331 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 AUTHORIZED MEMBER
Name PEREZ, BRAULIO M
Address 949 BLUEWOOD TER
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER
Name LIZAMA, EUGENIO A
Address 949 BLUEWOOD TER
City-State-Zip: WESTON FL 33327

Title AUTHORIZED MEMBER
Name LOPEZ, CLAUDIO A
Address 714 HERITAGE DR
City-State-Zip: WESTON FL 33326

Title AUTHORIZED MEMBER
Name SEPULVEDA, ROLANDO ANDRES
Address 1000 W PEMBROKE RD
City-State-Zip: HALLANDALE BEACH 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: BRAULIO PEREZ

OWNER

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date