

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000025914

1. Entity Name
**NEUROFEEDBACK ENHANCEMENT AND TRAINING
NETWORK, MIAMI-DADE, LLC.**



Principal Place of Business
**10305 N.W. 41ST STREET, SUITE 205
DORAL BLVD
MIAMI, FL 33178**

Mailing Address
**10305 N.W. 41ST STREET, SUITE 205
MIAMI, FL 33178**



02102005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3761983

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROURA, SAMUEL E
10305 N.W. 41ST STREET, E205
MIAMI, FL 33178**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CEO
ROURA, SAMUEL E
10780 SW 139 STREET
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
REZNIK, ERIC Y
10780 SW 139 STREET
MIAMI, FL 33176**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

1000000243234
02/25/05-80032-008 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/10/05

305-718-9800