L06000063556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000163082150

mBonn
12-1-09

Murphy, Erin L. L06

From: dago@beaconhypnotherapy.com
Sent: Tuesday, November 24, 2009 10:27 AM
To: CorpAddressChange
Subject: Address Change for BEACON HYPNOTHERAPY INSTITUTE, LLC.

Please change our address to:

BEACON HYPNOTHERAPY INSTITUTE, LLC.
11240 SW 88 STREET
SUITE 202
MIAMI, FLORIDA 33176

Florida Limited Liability Company

BEACON HYPNOTHERAPY INSTITUTE, LLC.

Filing Information

Document Number	L06000063556
FEI/EIN Number	205138583
Date Filed	06/21/2006
State	FL
Status	ACTIVE
Last Event	LC NAME CHANGE
Event Date Filed	10/19/2009
Event Effective Date	NONE