

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 05, 2010
Secretary of State

Entity Name: BEACON HYPNOTHERAPY INSTITUTE, LLC.

Current Principal Place of Business:

11240 SW 88 ST.
MIAMI, FL 33176

New Principal Place of Business:

11240 SW 88 ST.
202
MIAMI, FL 33176

Current Mailing Address:

11240 SW 88 ST.
MIAMI, FL 33176

New Mailing Address:

11240 SW 88 ST.
202
MIAMI, FL 33176

FEI Number: 20-5138583

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, DAGOBERTO
6701 SW 135 AVENUE
MIAMI, FL 33183 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: VPD
Name: GONZALEZ, DAGOBERTO
Address: 6701 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33183

Title: PD
Name: GONZALEZ, MARIA PILAR
Address: 6701 SW 135 AVENUE
City-St-Zip: MIAMI, FL 33183

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DAGOBERTO GONZALEZ

VPD

01/05/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date