

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030632

**FILED**  
**Feb 29, 2012**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA BIOFEEDBACK LLC

**Current Principal Place of Business:**

1806 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

**New Principal Place of Business:**

1612 TOWN PLAZA COURT  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

3318 BUFFAM PLACE  
CASSELBERRY, FL 32707

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LADD, KELLY JOY  
3318 BUFFAM PL  
CASSELBERRY, FL 32707 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: MGR  
Name: SANCHEZ, ALEJANDRO A  
Address: 3318 BUFFAM PL  
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM  
Name: LADD, KELLY JOY  
Address: 3318 BUFFAM PLACE  
City-St-Zip: CASSELBERRY, FL 32707

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: ALEJANDRO SANCHEZ

MGR

02/29/2012

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