

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000003335

FILED
Jun 13, 2011
Secretary of State

Entity Name: THE INSTITUTE FOR ADVANCED PERCEPTION LLC

Current Principal Place of Business:

1513 S MAGNOLIA DR
TALLAHASSEE, FL 32301

New Principal Place of Business:

1513 S MAGNOLIA DR
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TALLAHASSEE, FL 32301 UN

Current Mailing Address:

1513 S MAGNOLIA DR
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 26-3987849

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUTH, PATRICIA E
1513 S MAGNOLIA DR
TALLAHASSEE, FL 32301 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: PRES
Name: MUTH, PATRICIA
Address: 1513 S MAGNOLIA DR
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP
Name: WILLIAMS, ROSALYN
Address: 255 CORONA AVE
City-St-Zip: DAYTONA, OH 45419

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: PATRICIA MUTH

PRES

06/13/2011

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