

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033504

Entity Name: NEUROTILT, LLC

**FILED**  
**Jan 07, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8267 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

8267 WEST SUNRISE BOULEVARD  
PLANTATION, FL 33322

**New Mailing Address:**

FEI Number: 22-2238144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SILVERBERG & WEISS, P.A.  
2665 EXECUTIVE PARK DRIVE  
SUITE #2  
WESTON, FL 33331 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: FISHMAN, DEAN  
Address: 1311 GINGER CIRCLE  
City-St-Zip: WESTON, FL 33326

Title: MGR  
Name: LINARES, ALEXANDRE  
Address: 1000 FOSTER CITY BOULEVARD #4309  
City-St-Zip: FOSTER CITY, CA 94404

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: DEAN FISHMAN

PRES

01/07/2011

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