

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000042494

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

**Entity Name:** MINDFUL THERAPEUTICS, LLC

**Current Principal Place of Business:**

10621 AIRPORT CT., STE 104  
NAPLES, FL 34109

**New Principal Place of Business:**

10621 AIRPORT PULLING RD  
SUITE 7  
NAPLES, FL 34109

**Current Mailing Address:**

10621 AIRPORT CT., STE 104  
NAPLES, FL 34109

**New Mailing Address:**

10621 AIRPORT PULLING RD  
SUITE 7  
NAPLES, FL 34109

**FEI Number:** 27-2735927

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CSENGER, JANA N  
670 LALIQUE CIRCLE  
#106  
NAPLES, FL 34119 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:** MGRM  
**Name:** CSENGER, JANA N  
**Address:** 670 LALIQUE CIRCLE #106  
**City-St-Zip:** NAPLES, FL 34119

**Title:** MGRM  
**Name:** HARPER, SUSAN A  
**Address:** P.O. BOX 111853  
**City-St-Zip:** NAPLES, FL 34108

**Title:** MGRM  
**Name:** TARRETE, NANCY J  
**Address:** 779 WATERLOO COURT  
**City-St-Zip:** NAPLES, FL 34120

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:** NANCY TARRETE

MGMR

04/08/2011

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