

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000058623

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

**Entity Name:** SUPRANEURAL SCIENCES, LLC

**Current Principal Place of Business:**

3440 HOLLYWOOD BLVD., STE. 415  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

3440 HOLLYWOOD BLVD., STE. 415  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 27-3037219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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:** MGR  
**Name:** EMPOWERED VENTURES LLC  
**Address:** 1255 MAYVIEW WAY  
**City-St-Zip:** WELLINGTON, FL 33414

**Title:** MGR  
**Name:** RESOWAVE, LLC  
**Address:** 18 PAMRAPO COURT WEST  
**City-St-Zip:** GLEN ROCK, NJ 07452

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:** EMPOWERED VENTURES LLC

MGR

04/17/2012

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