

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000063556

Entity Name: BEACON HYPNOTHERAPY INSTITUTE, LLC.

Current Principal Place of Business:

11240 SW 88 ST.
202
MIAMI, FL 33176

Current Mailing Address:

11240 SW 88 ST.
202
MIAMI, FL 33176

FEI Number: 20-5138583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, DAGOBERTO
11240 N KENDALL DRIVE
SUITE 202
MIAMI, FL 33176 US

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

Authorized Person(s) Detail :

Title VPD
Name GONZALEZ, DAGOBERTO
Address 11240 N KENDALL DR
SUITE 202
City-State-Zip: MIAMI FL 33176

Title PD
Name GONZALEZ, MARIA PILAR
Address 11240 N KENDALL DR
SUITE 202
City-State-Zip: MIAMI FL 33176

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIA PILAR GONZALEZ

MANAGING DIRECTOR

04/04/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date