

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011933

**Entity Name:** LILIAN ODERA, PH.D. LLC.

**Current Principal Place of Business:**

7600 RED ROAD  
SUITE 215  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

450 W PARK DRIVE  
APT 104  
MIAMI, FL 33172

**FEI Number:** 45-4355942

**Certificate of Status Desired:** Yes

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

ODERA, LILIAN DR.  
450 W PARK DRIVE  
APT 104  
MIAMI, FL 33172 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 MGR  
Name ODERA, LILIAN DR.  
Address 450 W PARK DRIVE APT 104  
City-State-Zip: MIAMI FL 33172

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LILIAN ODERA

CLINICAL  
PSYCHOLOGIST

04/19/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date