

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000011933

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

**Current Principal Place of Business:**

18441 NW 2ND AVE  
SUITE 224  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

9479 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434 US

**FEI Number:** 45-4355942

**Certificate of Status Desired:** No

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

ODERA, LILIAN DR.  
9479 BOCA RIVER CIRCLE  
BOCA RATON, FL 33434 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 9479 BOCA RIVER CIRCLE  
City-State-Zip: BOCA RATON FL 33434

*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:** LILIAN ODERA \_\_\_\_\_

PSYCHOLOGIST

03/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date