

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000092730

Entity Name: NEUROCOGNITIVE CONSULTANTS OF ORLANDO, LLC

Current Principal Place of Business:

NEUROCOGNITIVE CONSULTANTS OF ORLANDO
2180 WEST STATE ROAD 434 SUITE 1106
LONGWOOD, FL 32779

Current Mailing Address:

1125 WADING WATERS CIRCLE
WINTER PARK, FL 32792 US

FEI Number: 46-0586491

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COHEN, ROBERT DR
NEUROCOGNITIVE CONSULTANTS OF ORLANDO
2180 WEST STATE ROAD 434 SUITE 1106
LONGWOOD, FL 32779 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 MGRM
Name COHEN, ROBERT E
Address NEUROCOGNITIVE CONSULTANTS
OF ORLANDO
2180 WEST STATE ROAD 434 SUITE
1106
City-State-Zip: LONGWOOD FL 32779

Title MANAGER
Name COHEN, ROBYN JONES PHD
Address 1125 WADING WATERS CIRCLE
City-State-Zip: WINTER PARK FL 32792

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: ROBYN COHEN

MGMR

01/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date