

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000164764

Entity Name: RESEARCH AUTISM LLC

Current Principal Place of Business:

1270 N WICKHAM RD
SUITE 16-613
MELBOURNE, FL 32935

Current Mailing Address:

1270 N WICKHAM RD
SUITE 16-613
MELBOURNE, FL 32935 US

FEI Number: 46-5323297

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CASSELLA, ANTONIO
1270 N WICKHAM RD
SUITE 16-613
MELBOURNE, FL 32935 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 CASSELLA, ANTONIO
Address 2447 N. WICKHAM RD., #138 BOX 132
City-State-Zip: MELBOURNE FL 32935

Title MGR
Name URIBE DE CASSELLA, LIGIA J
Address 1270 N WICKHAM RD, STE. 16-613
City-State-Zip: MELBOURNE FL 32935

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: CASSELLA , ANTONIO

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02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date