

**2017 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 1270 N WICKHAM RD  
SUITE 16-613  
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:** ANTONIO CASSELLA

**MANAGER**

**01/19/2017**

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

\_\_\_\_\_  
Date