

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000036259

Entity Name: LUZMAR NEUROPSYCHOLOGICAL SERVICES LLC

Current Principal Place of Business:

18164 BLUE LAKE WAY
BOCA RATON, FL 33498

Current Mailing Address:

18164 BLUE LAKE WAY
BOCA RATON, FL 33498 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESTREPO, LUZ M
18164 BLUE LAKE WAY
BOCA RATON, FL 33498 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 CEO
Name RESTREPO, LUZ M
Address 18164 BLUE LAKE WAY
City-State-Zip: BOCA RATON FL 33498

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: LUZ RESTREPO

CEO

04/18/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date