

2024 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A23000000534

Entity Name: C3 SURGICAL SOLUTIONS, LLLP

Current Principal Place of Business:

2389 E VENICE AVE
#505
VENICE, FL 34292

Current Mailing Address:

2389 E VENICE AVE
SUITE 505
VENICE, FL 34292

FEI Number: 93-3876603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PONTI, CARLO
351 TOSCAVILLA BLVD
NOKOMIS, FL 34275 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

General Partner Detail :

Document #

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Name PONTI, CARLO

Name CALDWELL, ZACHARY L

Address 351 TOSCAVILLA BLVD

Address 13229 STEINHATCHEE LOOP

City-State-Zip: NOKOMIS FL 34275

City-State-Zip: VENICE FL 34293

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 general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CARLO PONTI

REGISTERED AGENT

01/15/2024

Electronic Signature of Signing General Partner Detail

Date