

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000027783

Entity Name: FALK PROSTHETICS & ORTHOTICS, LLC

Current Principal Place of Business:

2141 ALTERNATE A1A SOUTH
STE. 130
JUPITER, FL 33477

Current Mailing Address:

5180 WEST ATLANTIC AVE
116
DELRAY BEACH, FL 33484

FEI Number: 20-2822112

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FALK, DAVID
5180 W. ATLANTIC AVE STE. 116
DELRAY BEACH, FL 33484 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	Title	MGRM
Name	FALK PROSTHETICS & ORTHOTICS, INC.	Name	PRICE, JEFFREY
Address	5180 W. ATLANTIC AVE STE. 116	Address	79 RIVER DRIVE
City-State-Zip:	DELRAY BEACH FL 33484	City-State-Zip:	TEQUESTA FL 33469

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: DAVID FALK

REGISTERED AGENT

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date