

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007265

**Entity Name:** UROSHAPE, LLC

**Current Principal Place of Business:**

767 INDIAN RIVER DR  
MELBOURNE, FL 32935

**Current Mailing Address:**

767 INDIAN RIVER DR  
MELBOURNE, FL 32935 US

**FEI Number:** 80-0589886

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ZIPPER, RALPH  
767 INDIAN RIVER DR  
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 ZIPPER, RALPH  
Address 767 INDIAN RIVER DR  
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:** RALPH ZIPPER

**PRESIDENT**

**03/29/2016**

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

\_\_\_\_\_  
Date