

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122412

**Entity Name:** BAY AREA SURGICAL SUPPLIES, LLC

**Current Principal Place of Business:**

230 NORTH BAYSHORE BLVD. #102  
CLEARWATER, FL 33759

**Current Mailing Address:**

860 ISLAND WAY  
CLEARWATER, FL 33767 US

**FEI Number:** 27-4346649

**Certificate of Status Desired:** No

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

LYONS, GARY WESQ  
311 SOUTH MISSOURI AVE.  
CLEARWATER, FL 33756 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 TRIER, KEVIN C  
Address 230 NORTH BAYSHORE BLVD. #102  
City-State-Zip: CLEARWATER FL 33759

Title OFFICE MANAGER  
Name TRIER, GRANT V  
Address 860 ISLAND WAY  
City-State-Zip: CLEARWATER FL 33767

*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:** GRANT V TRIER

**OFFICE MANAGER**

**01/11/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date