

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000074677

Entity Name: BELMONTES SURGICAL ASSISTANT, LLC

Current Principal Place of Business:

4300 JOG ROAD UNIT 540191
GREENACRES, FL 33454

Current Mailing Address:

4300 JOG ROAD UNIT 540191
GREENACRES, FL 33454 US

FEI Number: 45-2683430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BELMONTES, ALTAGRACIA
157 COVE ROAD
GREENACRES, FL 33413 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
Name BELMONTES, ALTAGRACIA
Address 157 COVE ROAD
City-State-Zip: GREENACRES FL 33413

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: ALTAGRACIA BELMONTES

MGRM

04/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date