

**2015 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

04/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date