

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000074677

**Entity Name:** BELMONTES SURGICAL ASSISTANT, LLC

**Current Principal Place of Business:**

7618 MEED CIR  
LAKE WORTH, FL 33467

**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  
7618 MEED CIR  
LAKE WORTH, FL 33467 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 4300 JOG ROAD UNIT 540191  
City-State-Zip: GREENACRES FL 33454

*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

04/17/2019

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

\_\_\_\_\_  
Date