

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164529

**Entity Name:** SOUTH FLORIDA ORTHOPEDIC SOLUTIONS LLC

**Current Principal Place of Business:**

7858 SW 187 TERR.  
CUTLER BAY, FL 33157

**Current Mailing Address:**

7858 SW 187 TERR.  
CUTLER BAY, FL 33157 US

**FEI Number:** 47-2197156

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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            AMBR  
Name            PIERCE, JAY  
Address        7858 SW 187 TERR.  
City-State-Zip: CUTLER BAY FL 33157

Title            PARTNER  
Name            PIERCE, MATTHEW  
Address        7858 SW 187 TERR.  
City-State-Zip: CUTLER BAY FL 33157

*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:** MATTHEW PIERCE

**PARTNER**

**04/30/2018**

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

\_\_\_\_\_  
Date