

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000179253

**Entity Name:** TSS NEUROSURGERY, LLC

**Current Principal Place of Business:**

3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449

**Current Mailing Address:**

3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SCHLIFKA, BRETT  
3319 STATE ROAD 7  
SUITE 313  
WELLINGTON, FL 33449 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 SCHLIFKA, BRETT  
Address 3319 STATE ROAD 7, SUITE 313  
City-State-Zip: WELLINGTON FL 33449

Title AMBR  
Name SCHLIFKA, MELISSA  
Address 3319 STATE ROAD 7, SUITE 313  
City-State-Zip: WELLINGTON FL 33449

*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:** MELISSA SCHLIFKA

**04/24/2015**

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

\_\_\_\_\_  
Date