

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000022277

**Entity Name:** FLORIDA ORTHOPAEDIC TRAUMA SPECIALISTS, PLLC

**Current Principal Place of Business:**

7544 JACQUE ROAD  
HUDSON, FL 34667

**Current Mailing Address:**

7544 JACQUE ROAD  
HUDSON, FL 34667

**FEI Number:** 47-3039543

**Certificate of Status Desired:** No

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

BENNETT, CRAIG  
7544 JACQUE ROAD  
HUDSON, FL 34667 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 MGR  
Name BENNETT, CRAIG  
Address 4930 WEST BAY PLACE  
City-State-Zip: TAMPA FL 33629

Title MGR  
Name SALINSKY, JARED  
Address 10436 PONTAFINO CIRCLE  
City-State-Zip: NEW PORT RICKEY FL 34655

Title MGR  
Name KARDASHIAN, GEORGE  
Address 1441 HILLSIDE LANDING DRIVE  
City-State-Zip: TARPON SPRINGS FL 34688

Title MANAGER  
Name RAPOSO, JUAN DR.  
Address 7544 JACQUE ROAD  
City-State-Zip: HUDSON FL 34667

*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:** CRAIG BENNETT

**PRESIDENT**

**01/26/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date