

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000055159

Entity Name: LANSKY MEDICAL, LLC

Current Principal Place of Business:

3900 S. GOLDENROD RD.
142
ORLANDO, FL 32822

Current Mailing Address:

3900 S. GOLDENROD RD.
142
ORLANDO, FL 32822

FEI Number: 81-1863304

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANSKY, MEYER
3900 S. GOLDENROD RD
142
ORLANDO, FL 32822 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 PRES
Name LANSKY, MEYER
Address 3900 S. GOLDENROD RD. STE 142
City-State-Zip: ORLANDO FL 32822

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: MEYER LANSKY

OWNER

04/30/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date