#### **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080684

Entity Name: PREMIER SURGICAL ASSISTING, LLC

FILED
Mar 03, 2023
Secretary of State
5763159071CC

# **Current Principal Place of Business:**

10297 SW WEST PARK AVENUE PORT ST. LUCIE. FL 34987

# **Current Mailing Address:**

10297 SW WEST PARK AVENUE PORT ST. LUCIE. FL 34987 US

FEI Number: 81-2447883 Certificate of Status Desired: No

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

DUFFY, KATHLEEN A 10297 SW WEST PARK AVENUE PORT ST. LUCIE, FL 34987 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 DUFFY, KATHLEEN A

Address 10297 SW WEST PARK AVENUE

City-State-Zip: PORT ST. LUCIE FL 34987

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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: KATHLEEN DUFFY

**PRESIDENT** 

03/03/2023 Date