

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000044391

Entity Name: TYRANCE ORTHOPEDICS & SPORTS MEDICINE, PLLC

Current Principal Place of Business:

6290 LINTON BLVD
STE 101
DELRAY BEACH, FL 33484

Current Mailing Address:

6290 LINTON BLVD STE 101
DELRAY BEACH, FL 33484 US

FEI Number: 82-4769740

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TYRANCE, PATRICK H JR
6290 LINTON BLVD
SUITE 101
DELRAY BEACH, FL 33484 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: PATRICK H TYRANCE JR

02/13/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT, MANAGER
Name TYRANCE, PATRICK H JR.
Address 6290 LINTON BLVD
 STE 101
City-State-Zip: DELRAY BEACH FL 33484

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: TYRANCE, PATRICK H, JR.

MANAGER

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date