

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L17000044391

Entity Name: TYRANCE ORTHOPEDICS & SPORTS MEDICINE, LLC

Current Principal Place of Business:

200 NE 2ND AVE
SUITE 402
DELRAY BEACH, FL 33444

Current Mailing Address:

200 NE 2ND AVE
SUITE 402
DELRAY BEACH, FL 33444

FEI Number: 82-4769740

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX RESOLUTION SPECIALISTS, INC.
3042 N. FEDERAL HWY.
SUITE 300
FORT LAUDERDALE, FL 33306-1400 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: KENNETH L. MORELAND, EA

03/20/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name TYRANCE, PATRICK H JR.
Address 200 NE 2ND AVE, SUITE 402
City-State-Zip: DELRAY BEACH FL 33444

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: PATRICK H. TYRANCE, JR.

PRESIDENT

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date