

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000147520

Entity Name: BAY AREA SURGICAL ASSISTING LLC

Current Principal Place of Business:

4122 MADISON ST
#262
ELFERS, FL 34680

Current Mailing Address:

P.O. BOX 262
ELFERS, FL 34680 US

FEI Number: 82-2103624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOHNS, LEONARD P
4122 MADISON ST
#262
ELFERS, FL 34680 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 JOHNS, LEONARD P
Address 2013 MACAW CT
City-State-Zip: NEW PORT RICHEY FL 34655

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: LEONARD JOHNS

PRESIDENT/OWNER

01/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date