# that my name appears above, or on an attachment with all other like empowered. 06/08/2020

SIGNATURE: JEFFREY BALAZSY

Electronic Signature of Signing Authorized Person(s) Detail

1275 WINTERBERRY DRIVE MARCO ISLAND. FL 34145

**Current Principal Place of Business:** 

## **Current Mailing Address:**

DOCUMENT# L17000195419

1275 WINTERBERRY DRIVE MARCO ISLAND. FL 34145 US

### FEI Number: 82-3232472

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

BALAZSY, JEFFREY 1275 WINTERBERRY DRIVE MARCO ISLAND, FL 34145 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

Entity Name: COASTAL TRAUMA AND RECONSTRUCTION SERVICES, LLC

#### Authorized Person(s) Detail :

Title	MGR
Name	BALAZSY, JEFFREY
Address	1275 WINTERBERRY DRIVE
City-State-Zip:	MARCO ISLAND FL 34145

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

#### Certificate of Status Desired: No

Date

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 08, 2020 Secretary of State 8315693063CC

MANAGER