

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000118074

**Entity Name:** MANCO PROSTHETICS, LLC

**Current Principal Place of Business:**

1675 NORTHWEST 4TH AVENUE  
#520  
BOCA RATON, FL 33432

**Current Mailing Address:**

1675 NORTHWEST 4TH AVENUE  
#520  
BOCA RATON, FL 33432 US

**FEI Number:** 83-0534046

**Certificate of Status Desired:** No

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

ADES, CRAIG  
1675 NORTHWEST 4TH AVENUE  
#520  
BOCA RATON, FL 33432 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 ADES, CRAIG  
Address 1675 NORTHWEST 4TH AVENUE #520  
City-State-Zip: BOCA RATON FL 33432

*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:** CRAIG ADES

02/07/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date