

2020 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

MGR

05/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date