

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000235233

Entity Name: ASPI ORTHOBIOLOGICS, LLC

Current Principal Place of Business:

5850 W. CYPRESS ST.
SUITE B
TAMPA, FL 33607

Current Mailing Address:

5850 W. CYPRESS ST.
SUITE B
TAMPA, FL 33607 US

FEI Number: 84-3429356

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASPI SELECT
5850 W. CYPRESS ST.
SUITE B
TAMPA, FL 33607 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: RYAN LOWERY

04/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name WILSON, JACOB
Address 5850 W. CYPRESS ST.
City-State-Zip: TAMPA FL 33607

Title AMBR
Name LOWERY, RYAN
Address 5850 W. CYPRESS ST.
City-State-Zip: TAMPA FL 33607

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: RYAN LOWERY

MANAGER

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date