

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000135724

Entity Name: POWER PROSTHETIC SOLUTIONS, LLC

Current Principal Place of Business:

9259 LAKE FISCHER BLVD
GOTHA, FL 34734

Current Mailing Address:

9259 LAKE FISCHER BLVD
GOTHA, FL 34734 US

FEI Number: 85-2182203

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FREDRICK, MICHELLE M
9259 LAKE FISCHER BLVD
GOTHA, FL 34734 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 FREDRICK, MICHELLE M
Address 9259 LAKE FISCHER BLVD
City-State-Zip: GOTHA FL 34734

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: MICHELLE FREDRICK

MGR

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date