

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000377881

Entity Name: JAC SURGICAL SOLUTIONS LLC

Current Principal Place of Business:

3049 NW RADCLIFFE WAY
PALM CITY, FL 34990

Current Mailing Address:

3049 NW RADCLIFFE WAY
PALM CITY, FL 34990 US

FEI Number: 85-4250405

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AMBR
Name CERMINARA, ANTHONY
Address 3049 NW RADCLIFFE WAY
City-State-Zip: PALM CITY FL 34990

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: ANTHONY CERMINARA

07/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date