

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000437147

Entity Name: SMART IMPLANT SOLUTIONS USA, LLC**Current Principal Place of Business:**6621 NW 105 CT
DORAL, FL 33178**Current Mailing Address:**6621 NW 105 CT
DORAL, FL 33178 US**FEI Number:** 61-2012396**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIAZ LEYVA GROUP, PLLC
1501 VENERA AVENUE
203
CORAL GABLES, FL 33146 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 PEREZ MURGUIONDO, ASIER
Address PASEO MIKELETEGI 69, PLANTA 3
(LO 332-336)
City-State-Zip: SAN SEBASTIAN DO 20009

Title AMBR
Name HERNANDEZ ZINI, PABLO P
Address 6621 NW 105CT
City-State-Zip: DORAL FL 33178

Title AMBR
Name MICHELENA, ETOR B
Address PASEO MIKELETEGI 69, PLANTA 3
(LO 332-336)
City-State-Zip: SAN SEBASTIAN DO 20009

Title AMBR
Name RUIZ HORCAS, RAFAEL
Address PASEO MIKELETEGI 69, PLANTA 3
(LO 332-336)
City-State-Zip: SAN SEBASTIAN DO 20009

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: HERNANDEZ ZINI , PABLO P

AMBR

04/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date