

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000512130

**Entity Name:** SURGEON LYPHE ENTERPRISE L.L.C.

**Current Principal Place of Business:**

434 LUNA BELLA LANE  
131  
NEW SMYRNA BEACH, FL 32168

**Current Mailing Address:**

434 LUNA BELLA LANE  
131  
NEW SMYRNA BEACH, FL 32168

**FEI Number:** 87-3836603

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SURGEON, RODINO S  
434 LUNA BELLA LANE  
131  
NEW SMYRNA BEACH, FL 32168 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           MANAGER  
Name           SURGEON, RODINO S  
Address        434 LUNA BELLA LANE  
                  131  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           MANAGER  
Name           GENOVESE , LAUREN  
Address        434 LUNA BELLA LANE  
                  131  
City-State-Zip: NEW SMYRNA BEACH FL 32168

Title           AUTHORIZED MEMBER  
Name           GENOVESE , LAUREN  
Address        434 LUNA BELLA LANE  
                  131  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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:** LAUREN GENOVESE

**MEMBER**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date