

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000512130

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

Current Principal Place of Business:

1396 WHITEWOOD DRIVE
DELTONA, FL 32725

Current Mailing Address:

1396 WHITEWOOD DRIVE
DELTONA, FL 32725 US

FEI Number: 87-3836603

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SURGEON, RODINO S
1396 WHITEWOOD DRIVE
DELTONA, FL 32725 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 1396 WHITEWOOD DRIVE
City-State-Zip: DELTONA FL 32725

Title MANAGER
Name GENOVESE , LAUREN
Address 1396 WHITEWOOD DRIVE
City-State-Zip: DELTONA FL 32725

Title AUTHORIZED MEMBER
Name GENOVESE , LAUREN
Address 1396 WHITEWOOD DRIVE
City-State-Zip: DELTONA FL 32725

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

MANAGER

04/08/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date