

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L22000318929

**Entity Name:** TRIA MEDICAL II LLC

**Current Principal Place of Business:**

5805 BLUE LAGOON DR, SUITE 300  
MIAMI, FL 33126

**Current Mailing Address:**

5805 BLUE LAGOON DR, SUITE 300  
MIAMI, FL 33126 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

ROSENDO N. LUCAS  
5805 BLUE LAGOON DR, SUITE 300  
MIAMI, FL 33126 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:** ROSENDO LUCAS

04/26/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            ROSENDO N. LUCAS  
Address        5805 BLUE LAGOON DR, SUITE 300  
City-State-Zip: MIAMI FL 33126

*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:** ROSENDO N. LUCAS

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04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date