

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025978

**FILED**  
**Apr 17, 2008**  
**Secretary of State**

**Entity Name:** CERTIFIED SURGICAL INSTRUMENTATION LLC

**Current Principal Place of Business:**

11321 SATELLITE BLVD  
ORLANDO, FL 32837

**New Principal Place of Business:**

**Current Mailing Address:**

11321 SATELLITE BLVD  
ORLANDO, FL 32837

**New Mailing Address:**

**FEI Number:** 26-0082926

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BULLION, JENNIFER A  
11817 SCARECROW LANE  
ORLANDO, FL 32821 US

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

BULLION, JENNIFER A  
5402 SCARINGTON CT EAST  
ORLANDO, FL 32821 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: JENNIFER ANN BULLION

04/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BULLION, JENNIFER A  
Address: 11321 SATELLITE BLVD  
City-St-Zip: ORLANDO, FL 32821

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JENNIFER ANN BULLION

MNGR

04/17/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date