

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000025978

**FILED**  
**Apr 28, 2009**  
**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  
5402 SCARINGTON CT EAST  
ORLANDO, FL 32821 US

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

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

**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

MGR

04/28/2009

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