

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000000051

1. Entity Name
ORTHOSURGICAL IMPLANTS, L.L.C.



Principal Place of Business
12244 S.W. 130TH STREET
MIAMI, FL 33186

Mailing Address
12244 S.W. 130TH STREET
MIAMI, FL 33186



03172008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2112061

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHOENING, RICARDO M
12244 SW 130 STREET
MIAMI, FL 33186

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHOENING, RICARDO 14201 S.W. 97TH AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STUCKENBROCK, DONAT 14201 S.W. 97TH AVENUE MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRUBER, PETER G 9100 SOUTH DADELAND BLVD., SUITE 910 MIAMI, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/27/08-80059-020 288.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4.29.08 305 969 4545