

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000067783

Entity Name: ABSOLUTE SURGICAL SPECIALISTS, PLLC

Current Principal Place of Business:

1046 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573

Current Mailing Address:

1046 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573 US

FEI Number: 20-3122835

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YONGE, L. TYLER
6987 EAST FOWLER AVENUE
TAMPA, FL 33617 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: L. TYLER YONGE

04/09/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name AMSHEL, CRAIG
Address 1046 CYPRESS VILLAGE BLVD
City-State-Zip: SUN CITY CENTER FL 33573

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: CRAIG AMSHEL

MANAGER

04/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date