2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2016
Secretary of State
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Entity Name: A NEW STEP PROSTHETICS LLC

Current Principal Place of Business:

7 W. MAIN STREET,
#1200 /1300
APOPKA, FL 32703

Current Mailing Address:

7 W. MAIN STREET,
#1200
APOPKA, FL 32703

FEI Number: 20-5231899

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN, WILLIAM R
1315 LA GORCE DR
APOPKA, FL 32703 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	ALLEN, JOANN	Name	ALLEN, WILLIAM R
Address	1315 LA GORCE DR	Address	1315 LA GORCE DR
City-State-Zip:	APOPKA FL 32703	City-State-Zip:	APOPKA FL 32703

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: JOANN ALLEN OWNER 04/07/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date