

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000035051

Entity Name: BRIAN LEHNER, LLC

Current Principal Place of Business:

216 S TAMPANIA AVE
TAMPA, FL 33609

Current Mailing Address:

216 S TAMPANIA AVE
TAMPA, FL 33609

FEI Number: 27-0258331

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ORTHOPAEDIC RESOURCE INC.
1300 MINNESOTA AVE
STE 100
WINTER PARK, FL 32789 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
Name LEHNER, BRIAN
Address 216 S TAMPANIA AVE
City-State-Zip: TAMPA FL 33609

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: BRIAN LEHNER

AREA MANAGER

04/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date