

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000020481

**Entity Name:** SURGICAL EDUCATION, LLC

**Current Principal Place of Business:**

19333 COLLINS AVE  
APT 2302  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

19333 COLLINS AVE  
APT 2302  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 47-3024053

**Certificate of Status Desired:** No

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

SERBER & ASSOCIATES, P.A.  
2875 NE 191 ST  
STE 801  
AVENTURA, FL 33180 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 MGR  
Name RANCATI, ALBERTO  
Address 19333 COLLINS AVE  
APT 2302  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** RANCATI , ALBERTO

MGR

01/05/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date