

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000065996

**Entity Name:** STENGL SURGICAL SOLUTIONS GROUP LLC

**Current Principal Place of Business:**

3177 FOREST BREEZE WAY  
SAINT CLOUD, FL 34771-7741

**Current Mailing Address:**

3177 FOREST BREEZE WAY  
SAINT CLOUD, FL 34771-7741 US

**FEI Number:** 81-2127011

**Certificate of Status Desired:** No

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

STENGL, KYLE C MGR  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** KYLE C STENGL

04/28/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name STENGL, KYLE  
Address 3177 FOREST BREEZE WAY  
City-State-Zip: SAINT CLOUD FL 34771-7741

*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:** KYLE C STENGL

MGM

04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date