

2021 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000050617

Entity Name: SKYLINE SURGICAL LLC

Current Principal Place of Business:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702

Current Mailing Address:

7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 US

FEI Number: 83-4299547

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLAWSON, CASEY
7901 4TH ST N
STE 300
ST. PETERSBURG, FL 33702 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: CASEY CLAWSON

04/13/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CLAWSON, CASEY
Address 7901 4TH ST N STE 300
City-State-Zip: ST. PETERSBURG FL 33702

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: CASEY CLAWSON

OWNER

04/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date