

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000108866

**Entity Name:** LEPLAZTIQUE SURGERY LLC

**Current Principal Place of Business:**

7902 WILES RD  
122  
CORAL SPRINGS, FL 33067

**Current Mailing Address:**

7902 WILES RD  
122  
CORAL SPRINGS, FL 33067 UN

**FEI Number:** 36-4940188

**Certificate of Status Desired:** No

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

PLAZAS, LUIS E  
7902 WILES RD  
122  
CORAL SPRINGS, FL 33067 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 PLAZAS, LUIS E  
Address 7902 WILES RD, 122  
City-State-Zip: CORAL SPRINGS FL 33067

*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:** LUIS E. PLAZAS

**MANAGER**

**03/16/2020**

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

\_\_\_\_\_  
Date