

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000270187

**Entity Name:** SUNMED SURGICAL SOLUTIONS LLC

**Current Principal Place of Business:**

13936 LANGLEY PLACE  
DAVIE, FL 33325

**Current Mailing Address:**

13936 LANGLEY PLACE  
DAVIE, FL 33325 US

**FEI Number:** 84-3721920

**Certificate of Status Desired:** No

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

PUFFER, NICHOLAS  
13936 LANGLEY PLACE  
DAVIE, FL 33325 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	Title	MGR
Name	PUFFER, NICHOLAS	Name	SANCHEZ, SONIA
Address	13936 LANGLEY PLACE	Address	13936 LANGLEY PLACE
City-State-Zip:	DAVIE FL 33325	City-State-Zip:	DAVIE FL 33325

*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:** NICHOLAS PUFFER

MGR

05/04/2020

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

\_\_\_\_\_  
Date