

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000325034

**Entity Name:** DUCLOS ORTHOPEDICS LLC

**Current Principal Place of Business:**

2201 BRICKELL AVE  
APT 69  
MIAMI, FL 33129

**FILED**  
**May 01, 2023**  
**Secretary of State**  
**9658227373CC**

**Current Mailing Address:**

2201 BRICKELL AVE  
22  
MIAMI, FL 33129 US

**FEI Number:** 85-3358087

**Certificate of Status Desired:** No

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

DUCLOS, JOHNATHAN  
2201 BRICKELL AVE  
22  
MIAMI, FL 33129 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	DUCLOS, JONATHAN	Name	HILL, TASHAUNA
Address	2201 BRICKELL AVE, 22	Address	14504 NW 27TH AVE
City-State-Zip:	MIAMI FL 33129	City-State-Zip:	OPALOCKA FL 33054

*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:** HILL, TASHAUNA

**MANAGER**

**05/01/2023**

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

\_\_\_\_\_  
Date