

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000002362

Entity Name: ENGAGE SURGICAL KNEE LLC**Current Principal Place of Business:**201 WOODLAKE DR
MAITLAND, FL 32751**Current Mailing Address:**201 WOODLAKE DR
MAITLAND, FL 32751 US**FEI Number:** 85-4291502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBSTER, RONALD S
201 WOODLAKE DR
MAITLAND, FL 32751 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	WEBSTER, RONALD S
Address	201 WOODLAKE DR
City-State-Zip:	MAITLAND FL 32751

Title	MGR
Name	MORRIS, SUSAN
Address	201 WOODLAKE DR
City-State-Zip:	MAITLAND FL 32751

Title	MGR
Name	MORRIS-WEBSTER, SAGE
Address	507 E GORE ST
City-State-Zip:	ORLANDO FL 32806

Title	MGR
Name	MORRIS-WEBSTER, KANE
Address	2016 HARRISON AVENUE
City-State-Zip:	ORLANDO FL 32804

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: SUSAN MORRIS**MANAGER****04/09/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date