

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010935

**Entity Name:** THORACIC INNOVATIONS LLC

**Current Principal Place of Business:**

341 N. MAITLAND AVENUE  
SUITE 270  
MAITLAND, FL 32751

**Current Mailing Address:**

341 N. MAITLAND AVENUE  
SUITE 270  
MAITLAND, FL 32751 US

**FEI Number:** 88-1960086

**Certificate of Status Desired:** No

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

FUSION INNOVATIONS LLC  
341 N MAITLAND AVENUE  
SUITE 270  
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            AUTHORIZED REPRESENTATIVE  
Name            LASOTA, STEVEN  
Address        3002 HENDERSON RD.  
City-State-Zip: GREENSBORO NC 27410

*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:** STEVEN LASOTA

**AUTHORIZED  
REPRESENTATIVE**

**04/30/2024**

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

\_\_\_\_\_  
Date