

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000064443

**Entity Name:** BRINA ANESTHESIA LLC

**Current Principal Place of Business:**

16177 NW 14TH CT  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

16177 NW 14TH CT  
PEMBROKE PINES, FL 33028 US

**FEI Number:** 46-2003630

**Certificate of Status Desired:** No

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

LIMA, FRANKIE B  
16177 NW 14TH CT  
PEMBROKE PINES, FL 33028 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 MGRM  
Name LIMA, FRANKIE B  
Address 16177 NW 14TH CT  
City-State-Zip: PEMBROKE PINES FL 33028

*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:** FRANKIE B LIMA

MGRM

02/11/2017

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

\_\_\_\_\_ Date