

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000120548

**Entity Name:** SAIRA ANIS MD LLC

**Current Principal Place of Business:**

12012 STARBOARD DRIVE  
APT. 301  
RESTON, VA 20194

**Current Mailing Address:**

12012 STARBOARD DRIVE  
APT. 301  
RESTON, VA 20194 US

**FEI Number:** 81-3095545

**Certificate of Status Desired:** No

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

ANIS, SAIRA MD  
540 TRINITY LANE NORTH  
APT. 1308  
SAINT PETERSBURG, FL 33716 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            AMBR  
Name            ANIS, SAIRA MD  
Address        6401 SANTA MONICA AVE  
                  APT. 2121  
City-State-Zip: ALBUQUERQUE NM 87109

*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:** SAIRA ANIS

SELF

05/06/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date