

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000044051

**Entity Name:** ABO ANESTHESIA LLC

**Current Principal Place of Business:**

337 DEER POINT DRIVE  
GULF BREEZE, FL 32561

**Current Mailing Address:**

337 DEER POINT DRIVE  
GULF BREEZE, FL 32561 US

**FEI Number:** 84-4072522

**Certificate of Status Desired:** No

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

BOOTH, AARON A  
337 DEER POINT DRIVE  
GULF BREEZE, FL 32561 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           | AR                   |
| Name            | BOOTH, AARON A       | Name            | BOOTH, GLEE W        |
| Address         | 337 DEER POINT DRIVE | Address         | 337 DEER POINT DRIVE |
| City-State-Zip: | GULF BREEZE FL 32561 | City-State-Zip: | GULF BREEZE FL 32561 |

*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:** AARON ASHLEY BOOTH

MGR

01/04/2021

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

\_\_\_\_\_  
Date