

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000072786

Entity Name: ANESTHESIA ALLSTAR LLC

Current Principal Place of Business:

20102 LACE CASCADE RD
LAND O LAKES, FL 34637

Current Mailing Address:

20102 LACE CASCADE RD
LAND O LAKES, FL 34637 US

FEI Number: 83-4285652

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLEGE, JOSHUA R
20102 LACE CASCADE RD
LAND O LAKES, FL 34637 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 POLEGE, JOSHUA R
Address 20102 LACE CASCADE RD
City-State-Zip: LAND O LAKES FL 34637

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: JOSHUA POLEGE

OWNER

05/05/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date