

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000022144

**Entity Name:** ANEST 2020 LLC

**Current Principal Place of Business:**

789 LAVENDER CIRCLE  
WESTON, FL 33327

**Current Mailing Address:**

789 LAVENDER CIRCLE  
WESTON, FL 33327 US

**FEI Number:** 37-1964068

**Certificate of Status Desired:** No

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

SACONSA GROUP LLC  
3625 NW 82ND AVENUE  
SUITE 100 K  
DORAL, FL 33166 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	Title	MGRM
Name	MEDINA, PABLO E	Name	SAAD, ALDO
Address	789 LAVENDER CIRCLE	Address	789 LAVENDER CIRCLE
City-State-Zip:	WESTON FL 33327	City-State-Zip:	WESTON FL 33327
Title	MGRM		
Name	MIRANDA, LARISSA A		
Address	789 LAVENDER CIRCLE		
City-State-Zip:	WESTON FL 33327		

*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:** PABLO MEDINA

02/03/2021

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

\_\_\_\_\_ Date