## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000437306

Entity Name: BFM ANESTHESIA SERVICES LLC

**Current Principal Place of Business:** 

7944 PELICAN REED CIRCLE WESLEY CHAPEL. FL 33545

**Current Mailing Address:** 

16528 N DALE MABRY HWY TAMPA FL 33618 US

FEI Number: 92-0679478 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, BRIAN J 16528 N DALE MABRY HWY TAMPA, FL 33618 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: BRIAN J SANDERS 04/30/2024

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title MGR

Name FAGERBERG, BRADLEE
Address 7944 PELICAN REED CIRCLE
City-State-Zip: WESLEY CHAPEL FL 33545

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: BRADLEE FAGERBERG

Electronic Signature of Signing Authorized Person(s) Detail

MANAGER

04/30/2024

Date

FILED Apr 30, 2024

**Secretary of State** 

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