

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000117824

**Entity Name:** SKYDEN ANESTHESIA, LLC

**Current Principal Place of Business:**

9456 WORTHINGTON RIDGE ROAD  
ORLANDO, FL 32829

**Current Mailing Address:**

9456 WORTHINGTON RIDGE ROAD  
ORLANDO, FL 32829

**FEI Number:** 92-3219552

**Certificate of Status Desired:** No

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

PHAN, SHIRLEY  
9456 WORTHINGTON RIDGE ROAD  
ORLANDO, FL 32829 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  
Name PHAN, SHIRLEY  
Address 9456 WORTHINGTON RIDGE ROAD  
City-State-Zip: ORLANDO FL 32829

*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:** SHIRLEY PHAN

MANAGER

02/11/2024

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

\_\_\_\_\_ Date