

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000014743

1. Entity Name
ANESCO CENTRAL LLC



Principal Place of Business
**3601 W COMMERCIAL BLVD., STE. 4 & 5
FT LAUDERDALE, FL 33309**

Mailing Address
**3601 W COMMERCIAL BLVD., STE. 4 & 5
FT LAUDERDALE, FL 33309**



02042008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3772506

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MELI, DR. RICHARD
3601 W COMMERCIAL BLVD., STE. 4 & 5
FT LAUDERDALE, FL 33309**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

000000927228
05/20/08-80099-019 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MELI, RICHARD MD
STREET ADDRESS	3601 W COMMERCIAL BLVD STE 4-5
CITY - ST - ZIP	FORT LAUDERDALE, FL 33307
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Richard Meli M.D. **RICHARD MELI M.D.** 4/4/08 9544852002