

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024800

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Entity Name:** ESTRELLA ANESTHESIA, LLC

**Current Principal Place of Business:**

533 NE 3RD AVENUE  
UNIT 333  
FORT LAUDERDALE, FL 33301 US

**New Principal Place of Business:**

**Current Mailing Address:**

533 NE 3RD AVENUE  
UNIT 333  
FORT LAUDERDALE, FL 33301 US

**New Mailing Address:**

**FEI Number:** 20-8564204      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

WALDROP, ERIKA  
533 NE 3RD AVENUE  
UNIT 333  
FORT LAUDERDALE, FL 33301 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** WALDROP, ERIKA  
**Address:** 533 NE 3RD AVENUE UNIT 333  
**City-St-Zip:** FORT LAUDERDALE, FL 33301 US

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ERIKA WALDROP      PRES      01/12/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date