

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000115820

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** CLOUD NINE ANESTHESIA LLC

**Current Principal Place of Business:**

4009 BAY POINTE DR  
GULF BREEZE, FL 32563

**New Principal Place of Business:**

**Current Mailing Address:**

4009 BAY POINTE DR  
GULF BREEZE, FL 32563

**New Mailing Address:**

**FEI Number:** 27-3886644

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GEFFE, LYNN  
4009 BAY POINTE DR  
GULF BREEZE, FL 32563 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: GEFFE, LYNN  
Address: 4009 BAY POINTE DR  
City-St-Zip: GULF BREEZE, FL 32563

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: LYNN GEFFE

MGRM

01/08/2011

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