

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000013362

**Entity Name:** SUBLIME ANESTHESIA LLC

**Current Principal Place of Business:**

174 GARY AVE  
OAK HILL, FL 32759

**Current Mailing Address:**

174 GARY AVE  
OAK HILL, FL 32759

**FEI Number:** 46-4624698

**Certificate of Status Desired:** Yes

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

BURBANK, LORI  
174 GARY AVE  
OAK HILL, FL 32759 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:**

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Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BURBANK, LORI  
Address 174 GARY AVE  
City-State-Zip: OAK HILL FL 32759

*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:** LORI BURBANK

03/02/2015

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Electronic Signature of Signing Authorized Person(s) Detail

Date