

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000002955

Entity Name: OVER & OUT ANESTHESIA SOLUTIONS, LLC

Current Principal Place of Business:

1989 SW HILLMAN ST
PORT ST LUCIE, FL 34953

Current Mailing Address:

1391 NW ST LUCIE WEST BLVD
#248
PORT ST LUCIE, FL 34986 US

FEI Number: 81-4968148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OVERDIEK, RONDA
1989 SW HILLMAN ST
PORT ST LUCIE, FL 34953 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: RONDA OVERDIEK

03/03/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	AMBR	Title	AUTHORIZED MEMBER
Name	OVERDIEK, RONDA	Name	DIMOND, CHARLAINA MICHELE
Address	1989 SW HILLMAN ST	Address	1989 SW HILLMAN ST
City-State-Zip:	PORT ST LUCIE FL 34953	City-State-Zip:	PORT ST LUCIE FL 34953

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: RONDA MICHELE OVERDIEK

OWNER

03/03/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date