

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000130333

**Entity Name:** SUNNY ANESTHESIA LLC

**Current Principal Place of Business:**

320 CENTRAL AVE  
UNIT 438  
SARASOTA, FL 34236

**Current Mailing Address:**

320 CENTRAL AVE  
UNIT 438  
SARASOTA, FL 34236 US

**FEI Number:** 83-1028912

**Certificate of Status Desired:** No

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

PENA, CECILIA  
320 CENTRAL AVE  
UNIT 438  
SARASOTA, FL 34236 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title           SOLE MEMBER  
Name           PENA, CECILIA  
Address        320 CENTRAL AVE  
                  UNIT 438  
City-State-Zip: SARASOTA FL 34236

*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:** CECILIA PENA

MD

08/19/2019

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date