

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000054731

Entity Name: VILLARREAL ANESTHESIA SERVICES PLLC

Current Principal Place of Business:

3544 BEACH HAVEN COVE DRIVE
PENSACOLA, FL 32507

Current Mailing Address:

3544 BEACH HAVEN COVE DRIVE
PENSACOLA, FL 32507 US

FEI Number: 83-3337430

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VILLARREAL, EMILY R
3544 BEACH HAVEN COVE DRIVE
PENSACOLA, FL 32507 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 AP
Name VILLARREAL, EMILY R
Address 3544 BEACH HAVEN COVE DRIVE
City-State-Zip: PENSACOLA FL 32507

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: EMILY R VILLARREAL

AP

01/12/2020

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date