

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000187740

**Entity Name:** WAKE BY DAWN ANESTHESIA SERVICES, LLC

**Current Principal Place of Business:**

101 S RIVERWALK DR  
PALM COAST, FL 32137

**Current Mailing Address:**

PO BOX 352706  
PALM COAST, FL 32135 US

**FEI Number:** 84-2460067

**Certificate of Status Desired:** No

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

LANEY, SONYA  
5131 S RIDGEWOOD AVE STE F  
PORT ORANGE, FL 32127 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            AMBR  
Name            LIEBERMAN, DAWN  
Address        PO BOX 352706  
City-State-Zip: PALM COAST FL 32135

*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:** DAWN LIEBERMAN

AMBR

03/17/2020

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

\_\_\_\_\_  
Date