

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000240811

**Entity Name:** SAINTANESTHESIA, LLC

**Current Principal Place of Business:**

5341 SW 133 AVE  
MIRAMAR, FL 33027

**Current Mailing Address:**

5341 SW 133 AVE  
MIRAMAR, FL 33027 US

**FEI Number: 38-4130948**

**Certificate of Status Desired:** No

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

SAINTLOUIS, GLACHA  
5341 SW 133 AVE  
MIRAMAR, FL 33027 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 MGR  
Name SAINT LOUIS, GLACHA  
Address 5341 SW 133 AVE  
City-State-Zip: MIRAMAR FL 33027

*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: GLACHA SAINTLOUIS**

**MGR**

**02/24/2022**

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

\_\_\_\_\_  
Date