

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000027385

**Entity Name:** E. ZZZ ANESTHESIA LLC.

**Current Principal Place of Business:**

352 S BISCAYNE BLVD APT 2621  
MIAMI, FL 33131

**Current Mailing Address:**

352 S BISCAYNE BLVD APT 2621  
MIAMI, FL 33131

**FEI Number:** 84-4525843

**Certificate of Status Desired:** No

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

ORTIZ, EVELYN  
352 S BISCAYNE BLVD APT 2621  
MIAMI, FL 33131 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            ORTIZ, EVELYN  
Address        352 S BISCAYNE BLVD APT 2621  
City-State-Zip: MIAMI FL 33131

*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:** EVELYN ORTIZ

**PRESIDENT**

**01/17/2024**

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

\_\_\_\_\_  
Date