

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000081303

Entity Name: BLUE WATERS ANESTHESIA, LLC

Current Principal Place of Business:

60 MORAIN CT.
PONTE VEDRA, FL 32081

Current Mailing Address:

60 MORAIN CT.
PONTE VEDRA, FL 32081

FEI Number: 85-0636886

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BASS, CHAD R
60 MORAIN CT.
PONTE VEDRA, FL 32081 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	CEO	Title	MGR
Name	BASS, CHAD R	Name	BASS, BEVERLY L
Address	60 MORAIN CT.	Address	60 MORAIN CT
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081

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: CHAD BASS

CEO

02/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date