

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000115786

Entity Name: VAGABOND ANESTHESIA LLC

Current Principal Place of Business:

10313 MEDICIS PL
WELLINGTON, FL 33449

Current Mailing Address:

10313 MEDICIS PL
WELLINGTON, FL 33449 US

FEI Number: 86-2774175

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PALACIO, ANTHONY
12002 SW 128 CT STE 106
MIAMI, FL 33186 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 PANTIN, PATRICE S
Address 10313 MEDICIS PL
City-State-Zip: WELLINGTON FL 33449

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: PATRICE S PANTIN

MGR

06/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date