

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000286952

Entity Name: REIMSCHIISSSEL ANESTHESIA LLC

Current Principal Place of Business:

1387 CAVENDER CREEK RD
MINNEOLA, FL 34715

Current Mailing Address:

1387 CAVENDER CREEK RD
MINNEOLA, FL 34715

FEI Number: 87-1296626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REIMSCHIISSSEL, DANIEL J
1387 CAVENDER CREEK RD
MINNEOLA, FL 34175 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 REIMSCHIISSSEL, DANIEL
Address 1387 CAVENDER CREEK RD
City-State-Zip: MINNEOLA FL 34715

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: DANIEL REIMSCHIISSSEL

MR

01/31/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date