

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000430722

**Entity Name:** SIESTA ANESTHESIA, LLC

**Current Principal Place of Business:**

10236 OASIS PALM DR  
TAMPA, FL 33615

**Current Mailing Address:**

10236 OASIS PALM DR  
TAMPA, FL 33615

**FEI Number:** 85-2345071

**Certificate of Status Desired:** No

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

CABRAL, LATASHA  
10236 OASIS PALM DR  
TAMPA, FL 33615 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            PRESIDENT  
Name            CABRAL, LATASHA  
Address        10236 OASIS PALM DR  
City-State-Zip: TAMPA FL 33615

*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:** LATASHA CABRAL

**CEO**

**03/05/2024**

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

\_\_\_\_\_  
Date