

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000490019

**Entity Name:** COSTA ANESTHESIA, LLC

**Current Principal Place of Business:**

445 NE 37TH  
BOCA RATON, FL 33431

**Current Mailing Address:**

445 NE 37TH  
BOCA RATON, FL 33431

**FEI Number:** 87-3558852

**Certificate of Status Desired:** No

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

COSTA, JENNA  
445 NE 37TH ST  
BOCA RATON, FL 33431 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 COSTA, JENNA  
Address 445 NE 37TH ST  
City-State-Zip: BOCA RATON FL 33431

*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:** JENNA COSTA

MGR

01/28/2024

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

\_\_\_\_\_ Date