

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000029586

Entity Name: LIEVANO ANESTHESIA SERVICES LLC

Current Principal Place of Business:

10104 SW 94TH CT
MIAMI, FL 33176

Current Mailing Address:

10104 SW 94TH CT
MIAMI, FL 33176

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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 AMBR
Name LIEVANO, ZULEIKA E
Address 10104 SW 94TH CT
City-State-Zip: MIAMI FL 33176

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: ZULEIKA LIEVANO

PRESIDENT

08/08/2023

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date