

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000485618

**Entity Name:** KING ANESTHESIA LLC

**Current Principal Place of Business:**

1055 SHOREVIEW CIRCLE  
315  
CASSELBERRY, FL 32707

**Current Mailing Address:**

1055 SHOREVIEW CIRCLE  
315  
CASSELBERRY, FL 32707

**FEI Number:** 88-4300041

**Certificate of Status Desired:** No

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

LLUBERES MARTINEZ, REYNALDO  
1055 SHOREVIEW CIRCLE  
315  
CASSELBERRY, FL 32707 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 ROMAN CASTRO, ELISA  
Address 1055 SHOREVIEW CIRCLE 315  
City-State-Zip: CASSELBERRY FL 32707

Title AMBR  
Name LLUBERES MARTINEZ, REYNALDO  
Address 1055 SHOREVIEW CIRCLE 315  
City-State-Zip: CASSELBERRY FL 32707

*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:** ELISA ROMAN CASTRO

**MANAGER**

**04/03/2024**

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

\_\_\_\_\_  
Date