## **2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000490323

Entity Name: SML ANESTHESIA LLC

**Current Principal Place of Business:** 

721 SW 99TH AVE

PEMBROKE PINES, FL 33025

**Current Mailing Address:** 

721 SW 99TH AVE

PEMBROKE PINES. FL 33025 US

FEI Number: 88-4286548 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LINDO, SHARIFA DR 721 SW 99TH AVE PEMBROKE PINES, FL 33025 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

FILED Feb 02, 2023

**Secretary of State** 

2269475701CC

Authorized Person(s) Detail:

Title AUTHORIZED MEMBER

Name WILLIAMSON, TEREHAS DAWN

Address 721 SW 99TH AVE

City-State-Zip: PEMBROKE PINES FL 33025

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: TEREHAS WILLIAMSON

**AUTHORIZED MANAGER** 

02/02/2023