

2024 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: 92-1105202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDO, SHARIFA MARIE
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: SHARIFA LINDO

01/24/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name LINDO, SHARIFA MARIE
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: SHARIFA LINDO

MANAGER

01/24/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date