

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F78759

**Entity Name:** A. LYNDA FROMKIN, INC.

**Current Principal Place of Business:**

3500 MYSTIC POINTE DR TOWER 400  
APT. 4103 PH-03  
AVENTURA, FL 33180

**Current Mailing Address:**

3500 MYSTIC POINTE DR TOWER 400  
APT. 4103 PH-03  
AVENTURA, FL 33180 US

**FEI Number:** 59-2210062

**Certificate of Status Desired:** Yes

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

FROMKIN, AVA LYNDA  
3500 MYSTIC POINTE DR TOWER 400  
APT. 4103 PH-03  
AVENTURA, FL 33180 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

**Officer/Director Detail :**

Title PD  
Name FROMKIN, AVA LYNDA  
Address 3500 MYSTIC POINTE DR TOWER 400  
APT. 4103 PH-03  
City-State-Zip: AVENTURA FL 33180

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** AVA LYNDA FROMKIN

**PRESIDENT**

**02/17/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date