

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000055138

**Entity Name:** MYHYLANDERS ELDERCARE, LLC

**Current Principal Place of Business:**

5668 GULF BREEZE PARKWAY  
SUITE B-12  
GULF BREEZE, FL 32563

**Current Mailing Address:**

5668 GULF BREEZE PARKWAY  
SUITE B-12  
GULF BREEZE, FL 32563 US

**FEI Number:** 59-3807375

**Certificate of Status Desired:** No

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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 HYLAND, LYNDIA R  
Address 5668 GULF BREEZE PARKWAY  
SUITE B-12  
City-State-Zip: GULF BREEZE FL 32563

*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:** LYNDIA R HYLAND

MGR

02/13/2024

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

\_\_\_\_\_  
Date