

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000053520

**Entity Name:** ISLA LINDA LLC

**Current Principal Place of Business:**

527 PERIMETER RD  
CLEWISTON, FL 33440

**Current Mailing Address:**

1298 CAPRI CIR  
LABELLE, FL 33935 US

**FEI Number:** 88-0702940

**Certificate of Status Desired:** No

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

MARRERO CASTRO, LISY  
9000 SW 64TH ST  
MIAMI, FL 33173 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            AMBR  
Name            CUELLAR LEON, LUAR  
Address        527 PERIMETER RD  
City-State-Zip: CLEWISTON FL 33440

*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:** LUAR CUELLAR LEON

AMBR

04/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date