

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000013840

Entity Name: LINDO MEDICAL CARE, LLC

Current Principal Place of Business:

6463 OREGON JAY RD
BROOKSVILLE, FL 34613

Current Mailing Address:

6463 OREGON JAY RD
BROOKSVILLE, FL 34613 US

FEI Number: 20-8395918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDO, OSCAR DR.
6463 OREGON JAY RD
BROOKSVILLE, FL 34613 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: OSCAR LINDO, DR

01/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LINDO, OSCAR DR.
Address 6463 OREGON JAY RD
City-State-Zip: BROOKSVILLE FL 34613

Title OFFICE ADMINISTRATOR
Name LINDO ZELEDON, OSCAR J
Address 6463 OREGON JAY RD
City-State-Zip: BROOKSVILLE FL 34613

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: OSCAR LINDO

OWNER

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date