

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000098405

**Entity Name:** LINDA MARTINEZ M.D. LLC

**Current Principal Place of Business:**

307 N 46 AVE  
HOLLYWOOD , FL 33021

**Current Mailing Address:**

307 N 46 AVE  
HOLLYWOOD , FL 33021 US

**FEI Number:** 82-1398596

**Certificate of Status Desired:** No

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

MARTINEZ, LINDA M  
307 N 46 AVE  
HOLLYWOOD , FL 33021 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 MARTINEZ, LINDA M  
Address 307 N 46 AVE  
City-State-Zip: HOLLYWOOD FL 33021

*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:** MARTINEZ, LINDA M

**REGISTERED AGENT**

**03/26/2025**

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

\_\_\_\_\_  
Date