

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000215989

**Entity Name:** 2129 HELTON EQUITY, LLC

**Current Principal Place of Business:**

661 UNIVERSITY BLVD.  
SUITE 200  
JUPITER, FL 33458

**Current Mailing Address:**

661 UNIVERSITY BLVD.  
SUITE 200  
JUPITER, FL 33458 US

**FEI Number:** 82-3136321

**Certificate of Status Desired:** No

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

REGSERV CORP.  
661 UNIVERSITY BOULEVARD  
SUITE 200  
JUPITER, FL 33458 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 LAMBDA MEDICAL HOLDINGS, LLC  
Address 661 UNIVERSITY BLVD., SUITE 200  
City-State-Zip: JUPITER FL 33458

Title CEO  
Name RENDINA, RICHARD M  
Address 661 UNIVERSITY BLVD.  
SUITE 200  
City-State-Zip: JUPITER FL 33458

Title PRESIDENT, SECRETARY  
Name RENDINA, MICHAEL D  
Address 661 UNIVERSITY BLVD.  
SUITE 200  
City-State-Zip: JUPITER FL 33458

Title VP  
Name RENDINA, DAVID B  
Address 661 UNIVERSITY BLVD.  
SUITE 200  
City-State-Zip: JUPITER FL 33458

Title VP  
Name CICH, BRIAN C  
Address 661 UNIVERSITY BLVD.  
SUITE 200  
City-State-Zip: JUPITER FL 33458

Title VP, TREASURER  
Name FLORES, BENNY  
Address 661 UNIVERSITY BLVD.  
SUITE 200  
City-State-Zip: JUPITER FL 33458

*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:** MICHAEL D. RENDINA

**PRESIDENT**

**03/21/2021**

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

\_\_\_\_\_  
Date