

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000085062

Entity Name: LYNDAMEDICARE101 LLC

Current Principal Place of Business:

2489 MONAGHAN DR
ORMOND BEACH , FL 32174

Current Mailing Address:

117 WILLIAMSON DR
DAVENPORT, FL 33897 US

FEI Number: 85-0505999

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AVILES, LINDA
2849 MONAGHAN DR
ORMOND BEACH , FL 32174 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: LINDA AVILES

02/18/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name AVILES, LINDA
Address 2849 MONAGHAN DR
City-State-Zip: ORMOND BEACH FL 32174

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: LINDA AVILES

MGR

02/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date