

**2025 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:**

2489 MONAGHAN DR  
ORMOND BEACH , FL 32174 US

**FEI Number:** 85-0505999

**Certificate of Status Desired:** Yes

**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

02/06/2025

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 FERNANDEZ

MANAGER/ OWNER

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date