

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000386807

**Entity Name:** LYNK HEALTHCARE LLC

**Current Principal Place of Business:**

1621 COLLINS AVE  
SUITE 1005  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1621 COLLINS AVE  
1005  
MIAMI BEACH, FL 33139 US

**FEI Number:** 86-1491844

**Certificate of Status Desired:** No

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

MENA LAW, PLLC  
1621 COLLINS AVE  
UNIT 1005  
MIAMI BEACH, FL 33139 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 AP  
Name MENA, FRANK C  
Address 1621 COLLINS AVE, UNIT 1005  
City-State-Zip: MIAMI BEACH FL 33139

*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:** FRANK MENA

AP

04/18/2023

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

\_\_\_\_\_  
Date