

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000361665

**Entity Name:** ESPIRITU SANTO LYNWOOD LLC

**Current Principal Place of Business:**

3739 S 25 STREET  
FORT PIERCE, FL 34981

**Current Mailing Address:**

3739 S 25 STREET  
FORT PIERCE, FL 34981 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FIGUEIRA, JAMES  
3739 S 25 STREET  
FORT PIERCE, FL 34981 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 FIGUEIRA, RAFAEL  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 33446

Title MGR  
Name FIGUEIRA, JAMES  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title AMBR  
Name THE RAFAEL FIGUEIRA REVOCABLE TRUST  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

Title AMBR  
Name THE JAMES BRYANRUBENSFIGUEIRA LIVING TRUST  
Address 3739 S 25 STREET  
City-State-Zip: FORT PIERCE FL 34981

*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:** RAFAEL FIGUEIRA

06/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date