

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000495825

**Entity Name:** MARIA LYNN LLC

**Current Principal Place of Business:**

8997 CAMBRIA CIR  
2002  
NAPLES, FL 34113

**FILED**  
**Apr 13, 2024**  
**Secretary of State**  
**9501816352CC**

**Current Mailing Address:**

8997 CAMBRIA CIR  
2002  
NAPLES, FL 34113 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

LENTINI, MARIA L  
8997 CAMBRIA CIR  
2002  
NAPLES, FL 34113 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 LENTINI, MARIA L  
Address 8997 CAMBRIA CIR UNIT 2002  
City-State-Zip: NAPLES FL 34113

*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: MARIA LENTINI**

**MGR**

**04/13/2024**

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

\_\_\_\_\_  
Date