

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000527423

Entity Name: LINDO MEDICAL LEGAL CONSULTING, LLC

Current Principal Place of Business:

2039 FLORA PASS PLACE
KISSIMMEE, FL 34747

Current Mailing Address:

2039 FLORA PASS PLACE
KISSIMMEE, FL 34747

FEI Number: 33-2545905

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LINDO, YOLANDA
2039 FLORA PASS PLACE
KISSIMMEE, FL 34747 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 LINDO, YOLANDA
Address 2039 FLORA PASS PLACE
City-State-Zip: KISSIMMEE FL 34747

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: YOLANDA LINDO

REGISTERED AGENT

02/13/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date