## 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000003820

Entity Name: BRASFLORIDA LLC

**Current Principal Place of Business:** 

7901 KINGSPOINTE PKWY STE 17 ORLANDO. FL 32819

**Current Mailing Address:** 

7901 KINGSPOINTE PKWY STE 17 ORLANDO, FL 32819 US

FEI Number: 32-0456960 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON ACCOUNTING GROUP 7901 KINGSPOINTE PKWY STE 17 ORLANDO, FL 32819 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: CAROLINE G LARSON 03/08/2019

Electronic Signature of Registered Agent

Date

FILED Mar 08, 2019

**Secretary of State** 

5496947347CC

## Authorized Person(s) Detail:

Title MANAGER

Name RESENDE T BATISTA, ANA FLAVIA Address 7901 KINGSPOINTE PKWY STE 17

City-State-Zip: ORLANDO FL 32819

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.