

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000122367

**Entity Name:** AUTO DENT QUALITY, LLC

**Current Principal Place of Business:**

2815 DIRECTORS ROW  
STE 100 OFFICE 164  
ORLANDO, FL 32809

**Current Mailing Address:**

2815 DIRECTORS ROW  
STE 100 OFFICE 164  
ORLANDO, FL 32809 US

**FEI Number:** 35-2565905

**Certificate of Status Desired:** No

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

COMPANY COMBO, LLC  
2815 DIRECTORS ROW  
STE 100  
ORLANDO, FL 32809 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 MBR  
Name PINHEIRO, GIANCARLO M  
Address RUA ROLANDIA 174, JARDIM  
CRUZEIRO  
City-State-Zip: SAO JOSE DOS PINHAIS 83010060

*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:** PINHEIRO , GIANCARLO M

AMBR

04/30/2019

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

\_\_\_\_\_  
Date