

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000128038

**Entity Name:** MENDES BUSINESS LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PKWY STE 17  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PKWY STE 17  
ORLANDO, FL 32819 US

**FEI Number:** 30-0946870

**Certificate of Status Desired:** No

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

LARSON ACCOUNTING GROUP  
7901 KINGSPONTE 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

03/14/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name MENDES MOTA, AUGUSTA MARIA  
Address RUA SANTOS DUMONT 562 SALA 02  
City-State-Zip: UBERLANDIA MG 38400-060

Title MANAGER  
Name DE OLIVEIRA SOARES, FABRICIO G  
Address RUA JACAREPAGUA 150-B  
City-State-Zip: UBERLANDIA MG 38413-300

Title MANAGER  
Name DE OLIVEIRA, JOAO BATISTA  
Address RUA ALCEU ALVES MENDES 448 - B  
City-State-Zip: UBERLANDIA MG 38413318

*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:** MENDES MOTA , AUGUSTA MARIA

MGR

03/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date