

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000141838

**Entity Name:** BREWER ORTHODONTICS PLLC

**Current Principal Place of Business:**

1291 BLACKWOOD AVE  
OCOEE, FL 34761

**Current Mailing Address:**

1291 BLACKWOOD AVE  
OCOEE, FL 34761 US

**FEI Number: 83-0864263**

**Certificate of Status Desired: No**

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

BREWERLONG PLLC  
620 N WYMORE RD  
SUITE 270  
MAITLAND, FL 32751 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 BREWER, BRECK  
Address 1110 N LAKE SYBELIA DR  
City-State-Zip: MAITLAND FL 32751-4815

*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: BRECK BREWER** \_\_\_\_\_

**MANAGER**

**01/18/2021**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date