## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000185697

**Entity Name: MENDES SOLUTIONS LLC** 

**Current Principal Place of Business:** 

2213 METROPOLITAN WAY 1313 ORLANDO, FL 32839

## **Current Mailing Address:**

2213 METROPOLITAN WAY 1313 ORLANDO, FL 32839

FEI Number: 61-1938107 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MENDES DA SILVA, GABRIEL 2213 METROPOLITAN WAY 1313 ORLANDO, FL 32839 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

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name MENDES DA SILVA, GABRIEL Name MOREIRA ALFFONSO, CAMILA

Address 2213 METROPOLITAN WAY, 1313 Address 2213 METROPOLITAN WAY

City-State-Zip: ORLANDO FL 32839

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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.

FILED Feb 27, 2020

**Secretary of State** 

1878299721CC

Date