

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000199613

**Entity Name:** FADEL ENTERPRISES LLC

**Current Principal Place of Business:**

984 KEATON PKWY  
OCOEE, FL 34761

**Current Mailing Address:**

984 KEATON PKWY  
OCOEE, FL 34761 US

**FEI Number: 32-0607407**

**Certificate of Status Desired: No**

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

KARFITSAS, JULIANA  
7802 KINGSPPOINT PKWY  
SUITE 205  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FADEL M. DOS SANTOS, LUCAS  
Address 8908 SYDNEY AVE  
City-State-Zip: KISSIMEE FL 34747

Title AMBR  
Name S.M. DOS SANTOS, CAROLINA P.  
Address 8909 SYDNEY AVE  
City-State-Zip: KISSIMEE FL 34761

Title AMBR  
Name SANDRA REGINA M. FADEL  
MONTTEIRO DOS SANTO  
Address ROD GERALDO SCAVONE 1000 LOTE  
3  
City-State-Zip: JACARAI SAO PAULO BRAZIL OC  
12305

*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: LUCAS FADEL M. DOS SANTOS**

**AMBR**

**03/18/2021**

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

\_\_\_\_\_  
Date