

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000221139

**Entity Name:** BRAINSTORM PRO LLC

**Current Principal Place of Business:**

9933 SHADOW CREEK DR  
ORLANDO, FL 32832

**Current Mailing Address:**

9933 SHADOW CREEK DR  
ORLANDO, FL 32832 US

**FEI Number: 84-3005494**

**Certificate of Status Desired: No**

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

RIVERA, XAVIER F  
9933 SHADOW CREEK DR  
ORLANDO, FL 32832 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            GENERAL MANAGER  
Name            RIVERA, XAVIER F  
Address        9933 SHADOW CREEK DR  
City-State-Zip: ORLANDO FL 32832

Title            MANAGER  
Name            FRANCHESCA, DIAZ GISSEL  
Address        9933 SHADOW CREEK DR  
City-State-Zip: ORLANDO FL 32832

*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: RIVERA, XAVIER F**

**XAVIER RIVERA**

**05/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date