

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000273144

**Entity Name:** ABDO CECCATO LLC

**Current Principal Place of Business:**

6735 CONROY ROAD  
STE 309  
ORLANDO, FL 32835

**Current Mailing Address:**

6735 CONROY ROAD  
STE 309  
ORLANDO, FL 32835 US

**FEI Number:** 84-3768627

**Certificate of Status Desired:** No

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

ICONNECT SOLUTIONS CORP  
6735 CONROY ROAD  
STE 309  
ORLANDO, FL 32835 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 JORGE ABDO, CHAMONE  
Address AV PRESIDENTE KENNEDY, 300  
CASA 26  
City-State-Zip: NOVA LIMA MG 34004-114

Title AMBR  
Name SAMPAIO CECCATO, BENITO  
Address RUA GARUMA,376  
APT 204  
City-State-Zip: BELO HORIZONTE MG 31270-370

Title AMBR  
Name RODRIGUES DA SILVA, ANANIAS  
Address ALAMEDA DOS OITIS, 183  
City-State-Zip: BELO HORIZONTE MG 31270-810

Title AMBR  
Name ABDO SILVA, SIMONE JORGE  
Address ALAMEDA DOS OITIS , 183  
City-State-Zip: BELO HORIZONTE MG 31270--810

Title AMBR  
Name M SOUZA DE O E ALVES, CYNTHIA  
Address RUA EMIDIO FURTADO, 109  
City-State-Zip: BELO HORIZONTE MG 31570-120

*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:** BENITO SAMPAIO CECCATO

AMBR

04/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date