

2022 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
SUITE 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
SUITE 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 ABDO SILVA, SIMONE JORGE
Address ALAMEDA DOS OITIS , 183
City-State-Zip: BELO HORIZONTE MG 31270--810

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

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

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

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

02/05/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date