

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000294391

**Entity Name:** FABIANA COSTA MENEZES, LLC

**Current Principal Place of Business:**

5201 VILLA ROSA AVE.  
ST. CLOUD, FL 34771

**Current Mailing Address:**

5201 VILLA ROSA AVE.  
ST. CLOUD, FL 34771

**FEI Number: 85-3626715**

**Certificate of Status Desired: No**

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

MENEZES, FABIANA C  
5201 VILLA ROSA AVE.  
ST. CLOUD, FL 34771 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 MGR  
Name COSTA MENEZES, FABIANA  
Address 5201 VILLA ROSA AVE.  
City-State-Zip: ST. CLOUD FL 34771

*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: FABIANA COSTA MENEZES**

**MGR**

**04/04/2022**

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

\_\_\_\_\_  
Date