

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000119748

**Entity Name:** BEVOICE SERVICES LLC

**Current Principal Place of Business:**

7901 KINGSPONTE PKWY  
SUITE 14  
ORLANDO, FL 32819

**Current Mailing Address:**

7901 KINGSPONTE PKWY  
SUITE 14  
ORLANDO, FL 32819 US

**FEI Number:** 86-2879275

**Certificate of Status Desired:** No

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

PRIVATE CONCIERGE SERVICES INC  
7901 KINGSPONTE PKWY  
SUITE 14  
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 ALMEIDA, DANIEL D  
Address AVENIDA RACHEL DE QUEIROS 100  
QD 4 LT 10  
City-State-Zip: RIO DE JANEIRO RJ 22793-100

Title AMBR  
Name CARNEIRO, BRUNNO G  
Address AV ADILSON SEROA DA MOTTA , 113  
City-State-Zip: RIO DE JANEIRO RJ 22621-290

Title AMBR  
Name NUNES, RODRIGO R  
Address EST. CAPENHA 144 BL1 AP 403  
City-State-Zip: RIO DE JANEIRO RJ 22743041

Title AMBR  
Name SANTIAGO, RAFAELLA  
Address RUA SAO JOAO BATISTA 47/303  
City-State-Zip: BOTAFOGO RJ 22270030

Title AMBR  
Name CARVALHO, TATIANA  
Address RUA AURELIO BUARQUE DE  
HOLANDA 38  
City-State-Zip: RIO DE JANEIRO RJ 22793176

*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:** ALMEIDA , DANIEL D

AMBR

04/24/2024

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

\_\_\_\_\_  
Date