

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000129125

**Entity Name:** BRAUSA DENTAL SMILES ORLANDO LLC

**Current Principal Place of Business:**

6429 RALEIGH ST  
ORLANDO, FL 32835

**Current Mailing Address:**

6429 RALEIGH ST  
ORLANDO, FL 32835 US

**FEI Number:** 86-2993566

**Certificate of Status Desired:** No

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

JODAS, FABIO LUIZ  
6429 RALEIGH ST  
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:** FABIO JODAS

03/17/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PACHECO JODAS, FABIO LUIZ  
Address 130 SOUTHERN PECAN CIRCLE, UNIT  
102  
City-State-Zip: WINTER GARDEN FL 34787

*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:** PACHECO JODAS, FABIO LUIZ

03/17/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date