

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000395150

**Entity Name:** ALEX DENT REPAIRS AND SERVICES LLC

**Current Principal Place of Business:**

13237 HEATHER MOSS DR  
APT 1016  
ORLANDO, FL 32837

**Current Mailing Address:**

13237 HEATHER MOSS DR  
APT 1016  
ORLANDO, FL 32837 US

**FEI Number:** 93-3358173

**Certificate of Status Desired:** No

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

DE BRITTO FLORENCIO, ALEXANDRE  
13237 HEATHER MOSS DR  
APT 1016  
ORLANDO, FL 32837 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            DE BRITTO FLORENCIO, ALEXANDRE  
Address        13237 HEATHER MOSS DR, APT 1016  
  
City-State-Zip: ORLANDO FL 32837

*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:** DE BRITTO FLORENCIO , ALEXANDRE

AMBR

04/10/2024

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

\_\_\_\_\_  
Date