

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115667

**Entity Name:** BRIAN MENDES & ASSOCIATES, LLC

**Current Principal Place of Business:**

1415 MCCOY RD  
ORLANDO, FL 32809

**Current Mailing Address:**

PO BOX 608881  
ORLANDO, FL 32860 US

**FEI Number:** 45-3570365

**Certificate of Status Desired:** No

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

MENDES, BRIAN  
1415 MCCOY RD  
ORLANDO, FL 32809 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:** BRIAN MENDES

05/01/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name            MENDES, BRIAN  
Address         PO BOX 608881  
City-State-Zip: ORLANDO FL 32860

*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:** BRIAN MENDES

MANAGING MEMBER

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date