

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115667

Entity Name: BRIAN MENDES & ASSOCIATES, LLC

Current Principal Place of Business:

5000 EGGLESTON AVE FRNT
ORLANDO, FL 32804

Current Mailing Address:

PO BOX 163171
ALTAMONTE SPRINGS, FL 32716

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MENDES, BRIAN
5000 EGGLESTON AVE FRNT
ORLANDO, FL 32804 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 MANAGING MEMBER
Name MENDES, BRIAN
Address PO BOX 163171
City-State-Zip: ALTAMONTE SPRINGS FL 32716

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

05/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date