

**2020 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L17000135379

**Entity Name:** FALANGA'S BUSINESS, LLC

**Current Principal Place of Business:**

3070 WOOLRIDGE DR  
ORLANDO, FL 32837

**Current Mailing Address:**

3070 WOOLRIDGE DR  
ORLANDO, FL 32837 US

**FEI Number:** 61-1849266

**Certificate of Status Desired:** No

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

SOLUTION ADVISING LLC  
5728 MAJOR BLVD  
SUITE 609  
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:** LEONARDO FIGUEIREDO

03/16/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name FALANGA MARTINS, GIOVANNA  
Address 3070 WOOLRIDGE DR  
City-State-Zip: ORLANDO FL 32837

Title AMBR  
Name FALANGA MARTINS, CRISTIANY  
Address 3070 WOOLRIDGE DR  
City-State-Zip: ORLANDO FL 32837

Title AMBR  
Name EDUARDO MARTINS, REINALDO  
Address 3070 WOOLRIDGE DR  
City-State-Zip: ORLANDO FL 32837

Title AMBR  
Name FALANGA MARTINS, ENZO  
Address 3070 WOOLRIDGE DR  
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:** GIOVANNA FALANGA MARTINS

AMBR

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date