

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000099772

**Entity Name:** GO EXOTICS ORLANDO LLC

**Current Principal Place of Business:**

6979 KINGSPONTE PKWY  
UNIT 5  
ORLANDO, FL 32819

**Current Mailing Address:**

6979 KINGSPONTE PKWY  
UNIT 5  
ORLANDO, FL 32819 US

**FEI Number:** 88-0864442

**Certificate of Status Desired:** No

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

BELLA FLORIDA CONSULTING LLC  
5950 LAKEHURST DR  
STE 242  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name CORREA, OMAR  
Address 10375 VISTA OAKS CT BUILDING 3  
UNIT 110  
City-State-Zip: ORLANDO FL 32836

Title MGR  
Name FUIZA DE CASTRO, ANA CLARA  
Address 9975 VISTA HOLLY RD  
City-State-Zip: ORLANDO FL 32836

Title AMBR  
Name MENEZES, GABRIEL CEZAR  
Address 7267 SUMMERLAKE GROVES ST  
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:** GABRIEL CEZAR MENEZES

AMBR

02/09/2023

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

\_\_\_\_\_  
Date