

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000326001

**Entity Name:** RAFAELLA MENDONCA LLC

**Current Principal Place of Business:**

3354 TIMUCUA CIRCLE  
ORLANDO, FL 32837

**Current Mailing Address:**

7862 W IRLO BRONSON MEMORIAL HWY  
SUITE 182  
KISSIMMEE, FL 34747 US

**FEI Number:** 88-3415241

**Certificate of Status Desired:** No

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

DA SILVA MENDONCA, RAFAELLA K  
2614 EMERALD ISLAND BLVD  
KISSIMMEE, FL 34747 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            DA SILVA MENDONCA, RAFAELLA K  
Address        2614 EMERAL ISLAND BLVD  
City-State-Zip: KISSIMMEE FL 34747

Title            AMBR  
Name            DE OLIVEIRA TELES, RENATA  
Address        7 LYTLE AVE SW  
City-State-Zip: ROME GA 30162

*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:** RAFAELLA K DA SILVA MENDONCA

AMBR

04/30/2024

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

\_\_\_\_\_  
Date