

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057634

**Entity Name:** LSF FORTIFIED LLC

**Current Principal Place of Business:**

665 SW LAKE CHARLES CIRCLE  
PORT ST LUCIE, FL 34986

**Current Mailing Address:**

4060 VINKEMULDER RD.  
COCONUT CREEK, FL 33073 US

**FEI Number:** 26-2298903

**Certificate of Status Desired:** No

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

SPERDUTO, GUY D  
8963 STIRLING ROAD  
SUITE 101  
COOPER CITY, FL 33328 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           | MGRM                       | Title           | MGRM                       |
| Name            | FEULA, LEONARD S           | Name            | FEULA, MARYANN             |
| Address         | 665 SW LAKE CHARLES CIRCLE | Address         | 665 SW LAKE CHARLES CIRCLE |
| City-State-Zip: | PORT ST LUCIE FL 34986     | City-State-Zip: | PORT ST LUCIE FL 34986     |

*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:** LEONARD FEULA

**MGR**

**03/03/2022**

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

\_\_\_\_\_  
Date