

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097615

**FILED**  
**Mar 23, 2018**  
**Secretary of State**  
**CC5844446507**

**Entity Name:** LAFE LLC

**Current Principal Place of Business:**

175 SW 7TH STREET  
SUITE 2115  
MIAMI, FL 33130

**Current Mailing Address:**

175 SW 7TH STREET  
SUITE 2115  
MIAMI, FL 33130 US

**FEI Number:** 80-0502271

**Certificate of Status Desired:** No

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

FINANCIAL SOLUTIONS MSC CORP  
175 SW 7TH STREET  
SUITE 2115  
MIAMI, FL 33130 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:** JULIO CASTRO

03/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name D'AMBROSIO, LEANDRO A  
Address PALPA 2356 8A  
City-State-Zip: CAPITAL FEDERAL 1426

Title AMBR  
Name CARDONE, MARIA A  
Address PALPA 2356 8A  
City-State-Zip: CAPITAL FEDERAL 1426

Title AMBR  
Name AGUERRE, FEDERICO E  
Address AMENABAR 3960 3C  
City-State-Zip: CAPITAL FEDERAL 1429

Title AMBR  
Name PEREZ ADAMO, CELINA M  
Address AMENABAR 3960 3C  
City-State-Zip: CAPITAL FEDERAL 1429

*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:** LEANDRO A D'AMBROSIO

AMBR

03/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date