

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000097615

**FILED**  
**Apr 10, 2019**  
**Secretary of State**  
**0394183670CC**

**Entity Name:** LAFE LLC

**Current Principal Place of Business:**

848 BRICKELL AVENUE  
SUITE 617  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AVENUE  
SUITE 617  
MIAMI, FL 33131 US

**FEI Number:** 80-0502271

**Certificate of Status Desired:** No

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

FINANCIAL SOLUTIONS MSC CORP  
848 BRICKELL AVENUE  
SUITE 617  
MIAMI, FL 33131 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

04/10/2019

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

04/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date