

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000143613

**Entity Name:** LEONFORTE LLC

**Current Principal Place of Business:**

216 PALERMO AVENUE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

216 PALERMO AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** 39-2078904

**Certificate of Status Desired:** No

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

QUEROL, DAMIAN  
20191 EAST COUNTRY CLUB DRIVE  
#TH8  
AVENTURA, FL 33180 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	MISURACA, OSVALDO A
Address	MILLENIUM TOWER 1604 RAMBLA WILLIMAN
City-State-Zip:	PARADA 4, PUNTA DEL ESTE UR 9999
Title	MGR
Name	VARA, LUISA
Address	MILLENIUM TOWER 1604 RAMBLA WILLIMAN
City-State-Zip:	PARADA 4, PUNTA DEL ESTE UR 9999

Title	MGR
Name	MISURACA, MAURO
Address	MILLENIUM TOWER 1604 RAMBLA WILLIMAN
City-State-Zip:	PARADA 4, PUNTA DEL ESTE UR 9999
Title	MGR
Name	MISURACA, BRUNO
Address	MILLENIUM TOWER 1604 RAMBLA WILLIMAN
City-State-Zip:	PARADA 4, PUNTA DEL ESTE UR 9999

*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:** LUISA VARA

**OFFICER**

**03/03/2014**

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

\_\_\_\_\_  
Date