

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000024870

**Entity Name:** FREDERIQUE LEFORESTIER LLC

**Current Principal Place of Business:**

613 OCEAN DRIVE  
APT 4D  
KEY BISCAYNE, FL 33149

**Current Mailing Address:**

613 OCEAN DR  
APT. 4D  
KEY BISCAYNE, FL 33149 US

**FEI Number:** 45-4595477

**Certificate of Status Desired:** No

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

LEFORESTIER, FREDERIQUE  
613 OCEAN DR  
APT. 4D  
KEY BISCAYNE, FL 33149 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  
Name LEFORESTIER, FREDERIQUE  
Address 613 OCEAN DR  
APT. 4D  
City-State-Zip: KEY BISCAYNE FL 33149

*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:** FREDERIQUE LEFORESTIER

**MANAGER**

**01/17/2023**

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

\_\_\_\_\_  
Date