

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000025087

Entity Name: L.F. MACEDO ENTERPRISES, LLC**Current Principal Place of Business:**810 NE 123RD ST
NORTH MIAMI, FL 33161**Current Mailing Address:**810 NE 123RD ST
NORTH MIAMI, FL 33161 US**FEI Number:** 32-0437055**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON ACCOUNTING AND CONSULTING SERVICES
8615 COMMODITY CIRCLE SUITE 06
ORLANDO, FL 32819 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	AMBR
Name	FARIA MACEDO, LUIZ FERNANDO
Address	810 NE 123RD ST
City-State-Zip:	NORTH MIAMI FL 33161

Title	AMBR
Name	IMBRUGLIA REGIS, ADRIANA
Address	810 NE 123RD ST
City-State-Zip:	NORTH MIAMI FL 33161

Title	AMBR
Name	DEMELLO MACEDO, FERNANDO
Address	810 NE 123RD ST
City-State-Zip:	NORTH MIAMI FL 33161

Title	AMBR
Name	REGIS MACEDO, GUSTAVO
Address	810 NE 123RD ST
City-State-Zip:	NORTH MIAMI FL 33161

Title	AMBR
Name	REGIS MACEDO, GUILHERME
Address	810 NE 123RD ST
City-State-Zip:	NORTH MIAMI FL 33161

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: ADRIANA IMBRUGLIA REGIS

AMBR

03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date