

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000067303

**Entity Name:** LEFAB MANUFACTURE, LLC

**Current Principal Place of Business:**

76 MIRACLE MILE  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
STE 76  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-3748348

**Certificate of Status Desired:** No

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

ARISMENDI, GILBERT  
76 MIRACLE MILE  
CORAL GABLES, FL 33134 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 EL EYSSAMI, BASSAM  
Address RUA ITAPAIUNA 1800 C.VILLAGIO  
APT. 173  
City-State-Zip: SAO PAULO SP 05707--001

Title MGR  
Name FALASCA, FERNANDO  
Address RUA ITAPAIUNA 1800 C.VILLAGIO  
APT. 13  
City-State-Zip: SAO PAULO SP 05707--001

Title MGR  
Name ROMERO ARRIVILLAGA, LEONARDO  
Address AVE. BLVD. DE SURCO 464, DPT. 201  
City-State-Zip: LIMA OC 00000

Title MGR  
Name ARISMENDI, GILBERT  
Address 1467 COCHRAN DR.  
City-State-Zip: LAKE WORTH FL 33461

*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:** GILBERT ARISMENDI

**MANAGING MEMBER**

**03/21/2017**

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

\_\_\_\_\_  
Date