

2019 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:**76 MIRACLE MILE
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	ASKUL, BASSAM
Address	COSTA DEL ESTE, AVENIDA LA ROTONDA, EDIFICIO TITANIUM APT# 17C
City-State-Zip:	CIUDAD DE PANAMA
Title	MGR
Name	ROMERO DOMINGUEZ, LEONARDO
Address	RUA ITAPAIUNA 1800, C.VILLAGIO APT #131
City-State-Zip:	SAO PAULO 05707--001

Title	MGR
Name	FALASCA, FERNANDO
Address	AVE.PASEO DEL MAR PH VITRI APT 51A
City-State-Zip:	CIUDAD DE PANAMA
Title	MGR
Name	ARISMENDI, GILBERT
Address	10 SW SOUTH RIVER DR APT 1801
City-State-Zip:	MIAMI FL 33130

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****04/26/2019**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date