

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000190224

**Entity Name:** LEFAB MANUFACTURE II, 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: 83-1513616**

**Certificate of Status Desired: No**

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

SANTUCHO ACCOUNTING SOLUTIONS, INC  
10 SW SOUTH RIVER DR  
STE 1801  
MIAMI, FL 33130 US

**FILED**  
**Apr 26, 2019**  
**Secretary of State**  
**7484490097CC**

*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 ARISMENDI, GILBERT  
Address 76 MIRACLE MILE  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name FALASCA, FERNANDO  
Address AVE.PASEO DEL MAR PH VITRI  
APT 51A  
City-State-Zip: CIUDAD DE PANAMA

Title MGR  
Name ASKUL, BASSAM  
Address COSTA DEL ESTE, AVE.LA ROTONDA  
ED.TITANIUM  
City-State-Zip: APT# 17C, PANAMA -

Title MGR  
Name ROMERO DOMINGUEZ, LEONARDO  
Address RUA ITAPAIUNA 1800, C.VILLAGIO  
APT #131  
City-State-Zip: SAO PAULO - 05707--00

*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