

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000085686

**Entity Name:** LEFAB FRANCHISOR, LLC**Current Principal Place of Business:**76 MIRACLE MILE  
CORAL GABLES, FL 33134**Current Mailing Address:**76 MIRACLE MILE  
CORAL GABLES, FL 33134**FEI Number:** 83-4237496**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*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	ROMERO, LEONARDO
Address	RUA ITAPAIUNA 1800, C.VILLAGIO
City-State-Zip:	APT#131,SAO PAULO BR 05701

Title	MGR
Name	FALASCA, FERNANDO
Address	AVENIDA PASEO DEL MAR, PH VITRI
City-State-Zip:	PANAMA

Title	MGR
Name	ASKUL, BASSAM
Address	AVENIDA LA ROTONDA , EDIFICIO TITANIUM
City-State-Zip:	PANAMA

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

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**MANAGER****06/19/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date