### 2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000376905

Entity Name: LOUISE FORT LLC

### Current Principal Place of Business:

14501 GROVE RESORT AVE 2507 WINTER GARDEN, FL 34787

### **Current Mailing Address:**

7750 SW 117TH AVE SUITE 303 C/O JECOPA LLC MIAMI, FL 33183

# FEI Number: APPLIED FOR

### Name and Address of Current Registered Agent:

COBOS, JESUS 7750 SW 117TH AVE 303 MIAMI, FL 33183 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

#### Authorized Person(s) Detail :

Authorized Ferson(s) Detail.				
Title	MGR	Title	MGR	
Name	LAMBARDI, ALFREDO	Name	SUAU ORTIZ, MONICA	
Address	14501 GROVE RESORT AVE 2507	Address	14501 GROVE RESORT AVE 2507	
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDE FL 34787	
Title	AMBR	Title	AMBR	
Name	LAMBARDI, DANILO	Name	LAMBARDI, ROSANA	
Address	14501 GROVE RESORT AVE 2507	Address	14501 GROVE RESORT AVE 2507	
City-State-Zip:	WINTER GARDEN FL 34787	City-State-Zip:	WINTER GARDEN FL 34787	
Title	AMBR			
Name	ARIAS, ALEJANDRO			
Address	14501 GROVE RESORT AVE 2507			

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.

MGR

# SIGNATURE: LAMBARDI ROSANA

City-State-Zip: WINTER GARDEN FL 34787

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date