

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000369673

**Entity Name:** LARRAIN & LEFORT LLC

**Current Principal Place of Business:**

4855 W HILLSBORO BLVD  
B3  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

6200 METROWEST BLVD  
STE 201-D  
ORLANDO, FL 32835 US

**FEI Number:** 88-3880484

**Certificate of Status Desired:** No

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

CONTADOR RA LLC  
4855 W HILLSBORO BLVD  
B3  
COCONUT CREEK, FL 33073 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            AMBR  
Name            LE-FORT VARELA, MARGARITA M J  
Address        6200 METROWEST BLVD, SUITE 201-D  
City-State-Zip: ORLANDO FL 32835

Title            AMBR  
Name            LARRAIN MELO, JUAN IGNACIO Q  
Address        6200 METROWEST BLVD, SUITE 201-D  
City-State-Zip: ORLANDO FL 32835

Title            AMBR  
Name            URBE PARTNERS INC  
Address        4855 W HILLSBORO BLVD STE B3  
City-State-Zip: COCONUT CREEK FL 33073

Title            MGR  
Name            UGARTE PALACIOS, MATIAS J  
Address        11574 COMIC ALY  
City-State-Zip: ORLANDO FL 33832

*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:** LE-FORT VARELA , MARGARITA M J

AMBR

02/02/2023

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

\_\_\_\_\_  
Date