

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000155911

**Entity Name:** LEFORT NORTH AMERICA LLC

**Current Principal Place of Business:**

10895 NW 50 ST  
SUNRISE, FL 33351

**Current Mailing Address:**

10895 NW 50 ST  
SUNRISE, FL 33351 US

**FEI Number:** 46-4051343

**Certificate of Status Desired:** No

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

LEFORT NORTH AMERICA MANAGEMENT LLC  
10895 NW 50 ST  
SUNRISE, FL 33351 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:** YVES LAMBERT

04/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name LEFORT, CHRISTIAN  
Address 10895 NW 50 ST  
City-State-Zip: SUNRISE FL 33351

*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:** LEFORT , CHRISTIAN

MGR

04/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date