## 2024 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: Yes

Name and Address of Current Registered Agent:

MILLER, JONATHAN DAVID MANAGING DIRECTOR 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: JONATHAN DAVID MILLER 01/16/2024

Electronic Signature of Registered Agent

Date

FILED Jan 16, 2024

**Secretary of State** 

2443315396CC

Authorized Person(s) Detail :

Title MGR Title MANAGING DIRECTOR HENKENS, ALEXANDRE PAUL Name MILLER, JONATHAN Name 10895 NW 50 ST 10895 NW 50 ST Address Address City-State-Zip: SUNRISE FL 33351 SUNRISE FL 33351 City-State-Zip:

Title MGR

Name LEFORT, JULIEN
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: JONATHAN DAVID MILLER

MANAGING DIRECTOR

01/16/2024