## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000043071

**Entity Name: LUFE LLC** 

## **Current Principal Place of Business:**

7600 CABANA CT #201

REUNION, FL 34747

**Current Mailing Address:** 

RUA CAJA, 288 BAIRRO ALPHAVILLE CAMPINAS, SP 13098-334 BR

FEI Number: 35-2497871 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SOUSA & ASSOCIATES INC 7345 W SAND LAKE RD SUITE 304 ORLANDO, FL 32819 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: CAROL SOUSA 03/27/2017

Electronic Signature of Registered Agent Date

## Authorized Person(s) Detail:

Title AMBR

Name VITAL VETTORAZZO, LUIS

Address RUA CAJA, 288

BAIRRO ALPHAVILLE
City-State-Zip: CAMPINAS 13098-334

SIGNATURE: VITAL VETTORAZZO, LUIS

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.

**AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail

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FILED Mar 27, 2017

**Secretary of State** 

CC1551853248

Date

03/27/2017