

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000043071

**Entity Name:** LUFE LLC

**Current Principal Place of Business:**

7600 CABANA CT  
#201  
REUNION, FL 34747

**FILED**  
**Feb 09, 2018**  
**Secretary of State**  
**CC3983666533**

**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

02/09/2018

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

*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:** LUIS VITAL VETTORAZZO

AMBR

02/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date