

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000099655

Entity Name: LELABEN LLC**Current Principal Place of Business:**848 BRICKELL AVE
1220
MIAMI, FL 33131**Current Mailing Address:**848 BRICKELL AVE
1220
MIAMI, FL 33131 US**FEI Number:** 83-0932108**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GUILLERMO, DELGER
848 BRICKELL AVE
1220
MIAMI, FL 33131 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:** GUILLERMO DELGER

06/26/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :Title MGR, MANAGER
Name MENASCHES, JULIO D
Address 848 BRICKELL AVE
1220
City-State-Zip: MIAMI FL 33131Title MGR, MANAGER
Name BRAILOVSKY, SARA L
Address 848 BRICKELL AVE
1220
City-State-Zip: MIAMI FL 33131Title AR, AUTHORIZED REPRESENTATIVE
Name MENASCHES, VICTOR A
Address 848 BRICKELL AVE
1220
City-State-Zip: MIAMI FL 33131Title MGR, MANAGER
Name MENASCHES, MAXIMILIANO G
Address 848 BRICKELL AVE
1220
City-State-Zip: MIAMI FL 33131Title AR, AUTHORIZED REPRESENTATIVE
Name MENASCHES, JONATHAN E
Address 848 BRICKELL AVE
1220
City-State-Zip: MIAMI FL 33131Title AR, AUTHORIZED REPRESENTATIVE
Name MENASCHES, ROMINA M
Address 848 BRICKELL AVE
1220
City-State-Zip: MIAMI FL 33131

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: MENASCHES , JULIO D

06/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date