#### 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000022535

Entity Name: L2F3 LLC

May 01, 2025 Secretary of State 4930667529CC

**FILED** 

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

3564 AVALON PARK E BLVD STE 1 Z3030

012 120000

ORLANDO, FL 32828

## **Current Mailing Address:**

3564 AVALON PARK E BLVD STE 1 Z3030 ORLANDO, FL 32828 US

FEI Number: 37-1964400 Certificate of Status Desired: Yes

# Name and Address of Current Registered Agent:

WELFARE VACATION HOMES LLC 3564 AVALON PARK E BLVD STE 1 Z3030 ORLANDO, FL 32828 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: VITOR DEOBBER 05/01/2025

Electronic Signature of Registered Agent Date

#### Authorized Person(s) Detail:

Title AMBR

Name ZOUAIN FINAMORE S., LUIZ FELIPE

Address 3564 AVALON PARK E BLVD

STE 1 Z3030

City-State-Zip: ORLANDO FL 32828

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: ZOUAIN FINAMORE S., LUIZ FELIPE

05/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date