

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000124697

**Entity Name:** LFR COMPANY LLC

**Current Principal Place of Business:**

4305 QUOTE STREET  
KISSIMMEE, FL 34746

**Current Mailing Address:**

6735 CONROY ROAD  
STE 309  
ORLANDO, FL 32835 US

**FEI Number:** 88-1534314

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ICONNECT SOLUTIONS CORP  
6735 CONROY ROAD  
STE 309  
ORLANDO, FL 32835 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title AMBR  
Name DE FRANCA ROCHA, LINDINALDA  
Address 4305 QUOTE STREET  
City-State-Zip: KISSIMMEE FL 34746

Title AMBR  
Name SILVA DA ROCHA, MIGUEL  
Address 4305 QUOTE STREET  
City-State-Zip: KISSIMMEE FL 34746

Title AMBR  
Name SILVA DA ROCHA, MIGUEL JR  
Address 4305 QUOTE STREET  
City-State-Zip: KISSIMMEE FL 34746

Title AMBR  
Name DE FRANCA ROCHA, GABRIELLA  
Address 4305 QUOTE STREET  
City-State-Zip: KISSIMMEE FL 34746

*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:** GABRIELLA DE FRANCA ROCHA

AMBR

01/22/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date