

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006198

**Entity Name:** SACHUP, A LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

1020 WEST 29TH STREET  
HIALEAH, FL 33012

**Current Mailing Address:**

PO BOX 171625  
HIALEAH, FL 33017 US

**FEI Number:** 03-0417937

**Certificate of Status Desired:** No

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

RAFAEL FABIAN P.A.  
10631 NORTH KENDAL DRIVE  
SUITE 145  
MIAMI , FL 33176 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:** RAFAEL FABIAN

02/18/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM	Title	MGRM
Name	ORTEGA, OLGA	Name	ORTEGA, FRANCISCO
Address	PO BOX 171625	Address	PO BOX 171625
City-State-Zip:	HIALEAH FL 33017-1625	City-State-Zip:	HIALEAH FL 33017-1625

*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:** OLGA ORTEGA

MGRM

02/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date