

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000051425

FILED
Mar 26, 2014
Secretary of State
CC1019550046

Entity Name: LUPE, LLC

Current Principal Place of Business:

3300 NE 192 STREET
APT. 614
AVENTURA, FL 33180

Current Mailing Address:

3300 NE 192 STREET
APT. 614
AVENTURA, FL 33180 US

FEI Number: 68-0680968

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ZIFF, RICHARD L
1961 NW 150 AVENUE
SUITE 103
PEMBROKE PINES, FL 33028 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 MGRM
Name BURGOS, PATRICIA S.
Address 3300 NE 192 STREET, APT. 614
City-State-Zip: AVENTURA FL 33180

Title MGRM
Name TORRES, ADRIANA B.
Address 3300 NE 192 STREET, APT. 614
City-State-Zip: AVENTURA FL 33180

Title MGR
Name GARCIA RAPP, JORGE A.
Address 3300 NE 192 STREET, APT. 614
City-State-Zip: AVENTURA FL 33180

Title MGR
Name SIERRA, SOFIA
Address 3300 NE 192 STREET, APT. 614
City-State-Zip: AVENTURA FL 33180

Title MGR
Name LA ROSA, MARIA L
Address 3300 NE 192 STREET, APT. 614
City-State-Zip: AVENTURA FL 33180

Title MGR
Name ANGILLETTA, MARIA C.
Address 3300 NE 192 STREET, APT. 614
City-State-Zip: AVENTURA FL 33180

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: BURGOS , PATRICIA S.

MGRM

03/26/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date