# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000033364

Entity Name: ALUPE, LLC

# Current Principal Place of Business:

2301 COLLINS AVENUE APT 510 MIAMI BEACH, FL 33139

### **Current Mailing Address:**

2301 COLLINS AVENUE APT 510 MIAMI BEACH, FL 33139 US

### FEI Number: 90-0674998

### Name and Address of Current Registered Agent:

HELLER, DAN P 3250 MARY STREET SUITE 204 COCONUT GROVE, FL 33133 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	: DAN P HELLER		03/05/2024
	Electronic Signature of Registered Agent		Date
Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	DUMONTET REMONDA, MARIA JOSE	Name	DUMONTET REMONDA, SILVIA
Address	2301 COLLINS AVENUE APT 510	Address	NORMA 2301 COLLINS AVENUE APT 510
City-State-Zip:	MIAMI BEACH FL 33139	City-State-Zip:	
Title Name	MGR ROQUE DUMONTET, HECTOR	Title	MGR
	AUGUSTO	Name	DUMONTET REMONDA, MARIA BELEN
Address	2301 COLLINS AVENUE APT 510	I	2301 COLLINS AVENUE APT 510
City-State-Zip:	MIAMI BEACH FL 33139		MIAMI BEACH FL 33139
Title	MGR		
Name	REMONDA LAMAS, SILVIA NORMA		
Address	2301 COLLINS AVENUE APT 510		
City-State-Zip:	MIAMI BEACH FL 33139		

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: HECTOR AUGUSTO ROQUE DUMONTET

MANAGER

03/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

# FILED Mar 05, 2024 Secretary of State 4739690349CC

Certificate of Status Desired: No

Date