

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000033364

**FILED**  
**May 18, 2021**  
**Secretary of State**  
**5790648822CC**

**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

**Certificate of Status Desired:** No

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

HELLER, DAN P  
2701 PONCE DE LEON BOULEVARD  
SUITE 310  
CORAL GABLES, FL 33134 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

05/18/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name DUMONTET REMONDA, MARIA JOSE  
Address 2301 COLLINS AVENUE  
APT 510  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name DUMONTET REMONDA, SILVIA  
NORMA  
Address 2301 COLLINS AVENUE  
APT 510  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name ROQUE DUMONTET, HECTOR  
AUGUSTO  
Address 2301 COLLINS AVENUE  
APT 510  
City-State-Zip: MIAMI BEACH FL 33139

Title MGR  
Name DUMONTET REMONDA, MARIA BELEN  
Address 2301 COLLINS AVENUE  
APT 510  
City-State-Zip: 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**

05/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date