## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000033364

Entity Name: ALUPE, LLC

**FILED** Feb 27, 2015 **Secretary of State** CC7098511874

## **Current Principal Place of Business:**

4000 PONCE DE LEON BOULEVARD

SUITE 570

CORAL GABLES, FL 33146

## **Current Mailing Address:**

4000 PONCE DE LEON BOULEVARD **SUITE 570** CORAL GABLES, FL 33146 US

FEI Number: 90-0674998 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

JEFFREY S. TANEN, P.A. 4000 PONCE DE LEON BOULEVARD SUITE 570 CORAL GABLES, FL 33146 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: JEFFREY S. TANEN 02/27/2015

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title MGR Title MGR

Name DUMONTET REMONDA, MARIA JOSE Name DUMONTET REMONDA, SILVIA **NORMA** 

4000 PONCE DE LEON BOULEVARD Address

Address 4000 PONCE DE LEON BOULEVARD **SUITE 570** SUITE 570

CORAL GABLES FL 33146

City-State-Zip: CORAL GABLES FL 33146

Title MGR

City-State-Zip:

Name ROQUE DUMONTET, HECTOR

**AUGUSTO** 

4000 PONCE DE LEON BOULEVARD Address

SUITE 570

City-State-Zip: CORAL GABLES FL 33146

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.