

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000017250

**Entity Name:** SASPE, LLC

**Current Principal Place of Business:**

1521 ALTON RD #666  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

P.O. BOX 5203  
TUBAC, AZ 85646 US

**FEI Number:** 83-3212586

**Certificate of Status Desired:** No

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

FRONTAL, RAUL  
1521 ALTON RD #666  
MIAMI BEACH, FL 33139 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            AMBR  
Name            SASPE, VERONICA  
Address        1521 ALTON RD #666  
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:** VERONICA SASPE

AMBR

03/05/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date