

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000193927

**Entity Name:** SP MARINE, LLC.

**Current Principal Place of Business:**

1600 PONCE DE LEON BLVD  
10TH FLOOR STE 1009  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1600 PONCE DE LEON BLVD  
10TH FLOOR STE 1009  
CORAL GABLES, FL 33134

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

SALDIVIA, ORLANDO  
1600 PONCE DE LEON BLVD  
10TH FLOOR STE 1009  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            SALDIVIA, ORLANDO  
Address        1600 PONCE DE LEON BLVD., 10TH  
                  FL STE 1009  
City-State-Zip: CORAL GABLES FL 33134

Title            AMBR  
Name            PENALVER DE SALDIVIA, LUISA  
Address        1600 PONCE DE LEON BLVD., 10TH  
                  FL STE 1009  
City-State-Zip: CORAL GABLES FL 33134

*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:** SALDIVIA, ORLANDO

AMBR

01/25/2024

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

\_\_\_\_\_  
Date