

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000346814

**FILED**  
**May 01, 2021**  
**Secretary of State**  
**2623862610CC**

**Entity Name:** UPAG LLC

**Current Principal Place of Business:**

4000 N STATE RD 7  
401-1  
LAUDERDALE LAKES, FL 33319

**Current Mailing Address:**

4000 N STATE RD 7  
401-1  
LAUDERDALE LAKES, FL 33319 UN

**FEI Number:** 86-2012576

**Certificate of Status Desired:** No

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

ATANDIEU, MERICE SR  
4000 N STATE RD 7  
401-1  
LAUDERDALE LAKES, FL 33319 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 MGR  
Name ATANDIEU, MERICE  
Address 4590 NW 42 AVE  
City-State-Zip: LAUDERDALE LAKES FL 33319

Title AMBR  
Name AGENOR, MARC SR  
Address 8704 NW 18TH ST  
City-State-Zip: CORAL SPRINGS FL 33071

Title AMBR  
Name LOUIS, WILTER SR  
Address 3911 NW 36 TERRACE  
City-State-Zip: LAUDERDALE LAKES FL 33309

Title AMBR  
Name SAINTILUS, CARLOS SR  
Address 2111 SW 42 AVE  
City-State-Zip: FORT LAUDERDALE FL 33317

Title AMBR  
Name ELOY, MICHEL SR  
Address 5700 NW 14 CT  
City-State-Zip: LAUDERHILL FL 33313

Title AMBR  
Name FELIMA, PEDRO SR  
Address 8200 SW 22 STREET - APT C 111  
City-State-Zip: NORTH LAUDERDALE FL 33068

*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:** ATANDIEU MERICE

**MGR**

**05/01/2021**

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

\_\_\_\_\_  
Date