

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000184457

**Entity Name:** SOLUPE, LLC

**Current Principal Place of Business:**

269 N. UNIVERSITY DR STE D  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

269 N. UNIVERSITY DR STE D  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 86-3573393

**Certificate of Status Desired:** No

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

MIKE'S TAX AND ACCOUNTING, INC.  
269 N. UNIVERSITY DR STE D  
PEMBROKE PINES, FL 33024 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 DELGADO SOTTO, DANA PAOLO  
Address 234 WASHINGTON AVENUE  
UNIT C  
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:** DANA PAOLO DELGADO SOTTO

MGR

04/25/2024

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

\_\_\_\_\_ Date