

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000316301

Entity Name: SHOPYLIBRE LLC**Current Principal Place of Business:**600 CLEVELAND ST STE 393 OFFICE 416
CLEARWATER, FL 33755**Current Mailing Address:**600 CLEVELAND ST STE 393 OFFICE 416
CLEARWATER, FL 33755**FEI Number:** 32-0660438**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LUPA ENTERPRISES INC
100 SE 2ND STREET
SUITE 2000
MIAMI, FL 33131 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:** LUCIANA MORDINI

02/13/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	VAN BEEK, LEONARDO	Name	GASALY COHN, PATRICIO MATIAS
Address	CAMINO DEL SOL 3895-7	Address	AV LAS CONDES 10527
City-State-Zip:	SANTIAGO REGION METROPOLITANA 7700806	City-State-Zip:	SANTIAGO REGION METROPOLITANA 7591468
Title	MGR	Title	MGR
Name	DAZA CHANCONE, EDUARDO MIGUEL	Name	MIRANDA MIRANDA, DAKOTA ALEXANDRA
Address	AV MANQUEHUE NORTE 966 DEPARTAMENTO 201	Address	AV MANQUEHUE NORTE 966 DEPARTAMENTO 210
City-State-Zip:	SANTIAGO REGION METROPOLITANA 7550000	City-State-Zip:	SANTIAGO REGION METROPOLITANA 7550000
Title	MGR		
Name	KASSEN CHUECOS, FAUADZ JOSEF		
Address	AV MANQUEHUE NORTE 966 DEPARTAMENTO 305		
City-State-Zip:	SANTIAGO REGION METROPOLITANA 7550000		

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: VAN BEEK, LEONARDO

MGR

02/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date