

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000284904

**Entity Name:** GALUPE LLC

**Current Principal Place of Business:**

5725 NW 2ND AVE  
1203  
MIAMI, FL 33127

**Current Mailing Address:**

5725 NW 2ND AVE  
1203  
MIAMI, FL 33127 US

**FEI Number:** 88-3103570

**Certificate of Status Desired:** No

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

LOVATON, LUIS  
5725 NW 2ND AVE  
1203  
MIAMI, FL 33127 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:** LUIS LOVATON

04/30/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title P  
Name LOVATON, LUIS  
Address 6320 SW 8TH STREET UNIT 308  
City-State-Zip: WEST MIAMI FL 33144

*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:** LUIS LOVATON

P

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date