

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000417302

**Entity Name:** VELAR RIPPLEPOINTE LLC

**Current Principal Place of Business:**

1311 PALMWAY STREET  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1311 PALMWAY STREET  
KISSIMMEE, FL 34744

**FEI Number:** 92-0550371

**Certificate of Status Desired:** Yes

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

SOPHOS CONSULTING GROUP CORP  
8333 NW 53RD ST  
STE 450  
MIAMI, FL 33166 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            ESCOBAR CHAVES, VICTORIA  
Address        1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            AMBR  
Name            ROJAS CIFUENTES, LUIS A  
Address        1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            AMBR  
Name            ROJAS ESCOBAR, PAOLA A  
Address        1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

Title            AP  
Name            VELAR GROUP HOLDING CORP  
Address        1311 PALMWAY STREET  
City-State-Zip: KISSIMMEE FL 34744

*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:** VICTORIA ESCOBAR CHAVES

MRS

01/14/2023

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

\_\_\_\_\_  
Date