

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000105375

**Entity Name:** UP TOTAL SOLUTION LLC

**Current Principal Place of Business:**

5401 S. KIRKMAN RD.  
STE # 210  
ORLANDO, FL 32819

**Current Mailing Address:**

5401 S. KIRKMAN RD.  
STE # 210  
ORLANDO, FL 32819 US

**FEI Number:** 36-4812124

**Certificate of Status Desired:** No

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

US TAX CONSULTING INC  
5401 S. KIRKMAN RD.  
STE # 135  
ORLANDO, FL 32819 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 JOPPERT LIMA, VANESSA  
Address AV. ANA COSTA # 296 CJ71  
City-State-Zip: SANTOS SP 11060-000

Title AMBR  
Name LIMA DE SOUZA, RODRIGO  
Address AV. ANA COSTA # 296 CJ71  
City-State-Zip: SANTOS SP 11060-000

*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:** JOPPERT LIMA , VANESSA

AMBR

03/22/2019

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

\_\_\_\_\_  
Date