

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000063547

Entity Name: UPIP, LLC**Current Principal Place of Business:**1840 MEASE DR STE 300
SAFETY HARBOR, FL 34695**Current Mailing Address:**1840 MEASE DR STE 300
SAFETY HARBOR, FL 34695 US**FEI Number:** 84-4994594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CHESTNUT BUSINESS SERVICES, LLC
911 CHESTNUT ST
CLEARWATER, FL 33756 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 MANAGER
Name RICHMAN, MARTIN
Address 1840 MEASE DRIVE STE 300
City-State-Zip: SAFETY HARBOR FL 34695

Title MANAGER
Name HUBSHER, CHAD
Address 1840 MEASE DR STE 300
City-State-Zip: SAFETY HARBOR FL 34695

Title MANAGER
Name HALE, BRIAN
Address 35095 US HWY 19N STE 202
City-State-Zip: PALM HARBOR FL 34684

Title MANAGER
Name DIPIAZZA, DAVID
Address 35095 US HWY 19N STE 202
City-State-Zip: PALM HARBOR FL 34584

Title MANAGER
Name KLEIN, LONNIE
Address 1840 MEASE DR STE 300
City-State-Zip: SAFETY HARBOR FL 34695

Title MANAGER
Name VYAS, PAULAS
Address 1840 MEASE DR STE 300
City-State-Zip: SAFETY HARBOR FL 34695

Title MANAGER
Name BASSEL, YASER
Address 35095 US HWY 19N STE 202
City-State-Zip: PALM HARBOR FL 34684

Title MANAGER
Name RAVAL, AMAR
Address 35095 US HWY 19N STE 202
City-State-Zip: PALM HARBOR FL 34684

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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: MARTIN RICHMAN

MANAGER

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name SYED, ALI
Address 35095 US HWY 19N STE 202
City-State-Zip: PALM HARBOR FL 34684

Title MANAGE
Name SZELL, NICOLE
Address 1775 EAST BAY DRIVR
City-State-Zip: LARGO FL 33771

Title MANAGER
Name BEILAN, JONATHAN
Address 1775 EAST BAY DRIVE
City-State-Zip: LARGO FL 33771