

**2024 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

**Continues on page 2**

*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

02/09/2024

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