## 2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L22000118809

**Entity Name: LOPCYMASTER LLC** 

**Current Principal Place of Business:** 

5252 NW 85TH AVE APT 1107

DORAL, FL 33166

**Current Mailing Address:** 

5252 NW 85TH AVE APT 1107 DORAL, FL 33166 US

**FEI Number: APPLIED FOR** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZAPATA, JULIO 19370 COLLINS AVE **APT 1014** SUNNY ISLES BEACH, FL 33160 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: JULIO ZAPATA 03/13/2024

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **AMBR** Title AMBR

ZAPATA, JULIO Name Name GONZALEZ, SERGIO

Address 19370 COLLINS AVE. APT. 1014 Address 19370 COLLINS AVE APT. 1014 SUNNY ISLES BEACH FL 33160 SUNNY ISLES BEACH FL 33160 City-State-Zip: City-State-Zip:

Title **AMBR** 

Name CORREA, ANA

Address 19370 COLLINS AVE. APT. 1014 SUNNY ISLES BEACH FL 33160 City-State-Zip:

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.

03/13/2024 SIGNATURE: JULIO ZAPATA **AMBR** 

**FILED** Mar 13, 2024

**Secretary of State** 

8768291664CR