

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000506269

**Entity Name:** BP MODEL, LLC

**Current Principal Place of Business:**

128 NW 28 ST  
SUITE 801  
MIAMI, FL 33127

**Current Mailing Address:**

P.O. BOX 801440  
MIAMI, FL 33280 US

**FEI Number:** 93-4718361

**Certificate of Status Desired:** No

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

MICULITZKI, YANINA ESQ  
20900 NE 30TH AVENUE  
832  
AVENTURA, FL 33180 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           | MGR                       | Title           | MGR                   |
| Name            | BAREDES, EZEQUIEL         | Name            | POCHINKI, ALEJANDRO M |
| Address         | P.O. BOX 801440           | Address         | P.O. BOX 801440       |
| City-State-Zip: | MIAMI FL 33280            | City-State-Zip: | MIAMI FL 33280        |
|                 |                           |                 |                       |
| Title           | AUTHORIZED REPRESENTATIVE |                 |                       |
| Name            | BAREDES, ADRIAN           |                 |                       |
| Address         | P.O. BOX 801440           |                 |                       |
| City-State-Zip: | MIAMI FL 33280            |                 |                       |

*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:** ADRIAN BAREDES

**A.R.**

**04/14/2025**

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

\_\_\_\_\_  
Date