| | L 33132 US | | | |
|------------------------|--|-----------------------------|---|---|
| FEI Number: 32-0697906 | | | Certificate of Status Desired: No | |
| Name and | Address of Current Registered Agent: | | | |
| | RPRISES INC STREET SUITE 2000 3131 US | | | |
| | | | | |
| The above nar | ned entity submits this statement for the purpose of changing | its registered office or re | gistered agent, or both, in the State of Florida. | |
| | med entity submits this statement for the purpose of changing RE: LUCIANA MORDINI | its registered office or re | egistered agent, or both, in the State of Florida. $02/03/2023$ | 3 |
| | | its registered office or re | | 3 |
| SIGNATU | RE: LUCIANA MORDINI | its registered office or re | 02/03/2023 | 3 |
| SIGNATU | RE: LUCIANA MORDINI Electronic Signature of Registered Agent | its registered office or re | 02/03/2023 | 3 |
| SIGNATU | RE: LUCIANA MORDINI Electronic Signature of Registered Agent ed Person(s) Detail : | | 02/03/2023 Date | 3 |

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000342203

Entity Name: RUGE SOLUTIONS LLC

Current Principal Place of Business:

1900 N BAYSHORE DR., SUITE 1A #136-1189 MIAMI, FL 33132

Current Mailing Address:

1900 N BAYSHORE DR., SUITE 1A #136-1189 Μ

F

Ν

City-State-Zip: BOGOTA 11115-6

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: DANIEL EDUARDO GARCIA ARIZA

02/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED Feb 03, 2023 Secretary of State 4307733462CC

City-State-Zip: BOGOTA 11115-6

MGR