## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# L17000054530

### Entity Name: ADAMAS TECH, LLC

# Current Principal Place of Business:

5010 NW 16 WAY BOCA RATON, FL 33431

# **Current Mailing Address:**

5010 NW 16 WAY BOCA RATON, FL 33431 US

# FEI Number: APPLIED FOR

# Name and Address of Current Registered Agent:

MARIETTA MAINIERI, P.A. 2100 PONCE DE LEON BOULEVARD SUITE 1050-B CORAL GABLES, FL 33134 US FILED Apr 20, 2018 Secretary of State CC1677207603

Certificate of Status Desired: No

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

### Authorized Person(s) Detail :

	Title	MGR	Title	MGR
	Name	SPATH, JUAN GABRIEL	Name	CUELLO, EFRAIN ANTONIO
	Address	2100 PONCE DE LEON BLVD., STE. 1050	Address	2100 PONCE DE LEON BLVD., STE. 1050
	City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
	Title	MGR	Title	MGR
	Name	SOTO, OSCAR	Name	SOTO, GILBERTO
	Address	2100 PONCE DE LEON BLVD., STE. 1050	Address	2100 PONCE DE LEON BLVD., STE. 1050
	City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
	Title	MGR		
	Name	SOTO, ADRIANA		
	Address	2100 PONCE DE LEON BLVD., STE. 1050		
	City-State-Zip:	CORAL GABLES FL 33134		

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: ADRIANA SOTO

MANAGER

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date