

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000067137

Entity Name: FIELD TESTED SOLUTIONS LLC**Current Principal Place of Business:**382 NE 191ST ST #68024
MIAMI, FL 33179**Current Mailing Address:**382 NE 191ST ST #68024
MIAMI, FL 33179 US**FEI Number:** 82-0961120**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LEGALINC CORPORATE SERVICES, INC.
5237 SUMMERLIN COMMONS
SUITE 400
FORT MYERS, FL 33907 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 AMBR
Name RIVERA, EDGARDO MANUEL
Address 5300 PASEO BLVD
APT 1506
City-State-Zip: DORAL FL 33166

Title AMBR
Name RIVERA, EDGARDO
Address PO BOX 1817
City-State-Zip: TECATE CA 91980

Title AMBR
Name RIVERA, LILIA
Address 5300 PASEO BLVD
APT 1506
City-State-Zip: DORAL FL 33166

Title AMBR
Name RIVERA, ISRAEL
Address PO BOX 1817
City-State-Zip: TECATE CA 91980

Title AMBR
Name RIVERA, ANDRES
Address PO BOX 1817
City-State-Zip: TECATE CA 91980

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: EDGARDO MANUEL RIVERA**MEMBER****04/20/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date