## **2019 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

101(1 W1E(0,1E 33307 00

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

FILED Apr 03, 2019

**Secretary of State** 

2316884891CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name RIVERA, EDGARDO MANUEL Name RIVERA, EDGARDO

Address 5300 PASEO BLVD Address PO BOX 1817

APT 1506 City-State-Zip: TECATE CA 91980

City-State-Zip: DORAL FL 33166

Title AMBR

Name RIVERA, LILIA Name RIVERA, ISRAEL

Address 5300 PASEO BLVD Address PO BOX 1817

APT 1506 City-State-Zip: TECATE CA 91980

City-State-Zip: DORAL FL 33166

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** 

04/03/2019