

**2018 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**

**04/17/2018**

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

\_\_\_\_\_  
Date