

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000063339

**Entity Name:** DESIMPLEX SA ,LLC

**Current Principal Place of Business:**

2403 CENTERGATE DRIVE  
SUITE 205  
MIRAMAR, FL 33025

**Current Mailing Address:**

2403 CENTERGATE DRIVE  
SUITE 205  
MIRAMAR, FL 33025 US

**FEI Number:** 82-4783483

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LAMORTE, MICHELANGELO  
2403 CENTERGATE DRIVE  
SUITE 205  
MIRAMAR, FL 33025 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            DESIMPLEX SA  
Address        2403 CENTERGATE DRIVE  
                  SUITE 205  
City-State-Zip: MIRAMAR FL 33025

Title            AMBR  
Name            LAMORTE, MICHELANGELO  
Address        2403 CENTERGATE DRIVE  
                  SUITE 205  
City-State-Zip: MIRAMAR FL 33025

Title            AMBR  
Name            LAMORTE, MARIA ANTONIETA  
Address        2403 CENTERGATE DRIVE  
                  SUITE 205  
City-State-Zip: MIRAMAR FL 33025

Title            AMBR  
Name            RODRIGUEZ CONTRERAS, JUAN  
                  CARLOS  
Address        2403 CENTERGATE DRIVE  
                  SUITE 205  
City-State-Zip: MIRAMAR FL 33025

*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:** MARÍA ANTONIETA LAMORTE DAMELIO

AMBR

02/27/2024

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

\_\_\_\_\_  
Date