

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000080231

**Entity Name:** DIAMOND CUT WINDOW TINTING, LLC

**Current Principal Place of Business:**

4471 NE 11TH AVE  
FORT LAUDERDALE, FL 33334

**FILED**  
**Jan 14, 2024**  
**Secretary of State**  
**7454378250CC**

**Current Mailing Address:**

215 N NEW RIVER DR E  
APT 822 APT 2940  
FORT LAUDERDALE, FL 33301 US

**FEI Number: 82-5023762**

**Certificate of Status Desired: Yes**

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

DYER, CHRISTOPHER D MR  
215 N NEW RIVER DR E  
APT 822 APT 2940  
FORT LAUDERDALE, FL 33301 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            P  
Name            DYER, CHRISTOPHER D MR.  
Address        215 N NEW RIVER DR E  
                  APT 822 APT 2940  
City-State-Zip: FORT LAUDERDALE FL 33301

Title            VP  
Name            MARRON, CHRISTIANA C DR.  
Address        215 N NEW RIVER DR E  
                  APT 822 APT 2940  
City-State-Zip: FORT LAUDERDALE FL 33301

*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: CHRISTOPHER D DYER**

**PRESIDENT**

**01/14/2024**

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

\_\_\_\_\_  
Date