

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000027095

**Entity Name:** AMMATISTA LLC**Current Principal Place of Business:**1500 WESTON ROAD, SUITE 3045  
WESTON, FL 33326**Current Mailing Address:**1500 WESTON ROAD, SUITE 3045  
WESTON, FL 33326 US**FEI Number:** 35-2748728**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SOUTH FLORIDA CPA FINANCIAL INC  
12555 ORANGE DR STE 116  
DAVIE, FL 33330 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:** ALTAGRACIA SALAS

04/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR
Name	EMILIANO ADRIAN YRRIBARREN CHAMORRO
Address	1500 WESTON ROAD, SUITE 3045
City-State-Zip:	WESTON FL 33326

Title	MGR
Name	YRRIBARREN SALCEDO, LISBETH BRENDA
Address	1500 WESTON ROAD, SUITE 3045
City-State-Zip:	WESTON FL 33326

Title	MGR
Name	SALCEDO ARESTEGUI, NELLY GLADYS
Address	1500 WESTON ROAD, SUITE 3045
City-State-Zip:	WESTON FL 33326

Title	MGR
Name	YRRIBARREN SALCEDO, KATHERINE
Address	1500 WESTON ROAD, SUITE 3045
City-State-Zip:	WESTON FL 33326

*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:** EMILIANO ADRIAN YRRIBARREN CHAMORRO

MGR

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date