### 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.

CEO

SIGNATURE: BARBARA RIVERA

Electronic Signature of Signing Authorized Person(s) Detail

# Name and Address of Current Registered Agent:

RIVERA, BARBARA 8192 LOST CREEK LANE DELRAY BEACH, FL 33446 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

### Authorized Person(s) Detail :

Title	AMBR	Title	MGR
Name	RIVERA , BARBARA	Name	RIVERA, EDWIN
Address	8192 LOST CREEK LANE	Address	8192 LOST CREEK LANE
City-State-Zip:	DELRAY BEACH FL 33446	City-State-Zip:	DELRAY BEACH FL 33446

Entity Name: DIAMANTE ANALYTICAL SOLUTIONS, LLC

### **Current Principal Place of Business:**

8192 LOST CREEK LANE DELRAY BEACH. FL 33446

### **Current Mailing Address:**

DELRAY BEACH. FL 33446 US

8192 LOST CREEK LANE

## FEI Number: 81-1601022

### DOCUMENT# L22000243032

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

01/24/2024 Date

FILED Jan 24, 2024 Secretary of State 4822991063CC

Certificate of Status Desired: No

Date