Current Ma	iling Address:			
	DWAY ST APT 702 , TX 77581 US			
FEI Number: 88-3946626			Certificate of Status Desired: No	
Name and A	Address of Current Registered Agent:			
COLMENARES 3512 BROADV 510 PEARLAND, F	VAY ST APT 702			
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.				
	a entity submits this statement for the purpose of changing its reg	gistered onice of regis	lered agent, or both, in the State of Fic	orida.
	E: ELIEZER D COLMENARES	gistered onice of regis	lered agent, or boun, in the State of Fic	01/25/2024
		Jistered once of regis	lereu agent, or both, in the State of Fic	
SIGNATUR	E: ELIEZER D COLMENARES		lereu agent, or bour, in the State of Pic	01/25/2024
SIGNATUR	E: ELIEZER D COLMENARES Electronic Signature of Registered Agent	Title	AMBR	01/25/2024
SIGNATUR Authorized	E: ELIEZER D COLMENARES Electronic Signature of Registered Agent Person(s) Detail :			01/25/2024
SIGNATUR Authorized	E: ELIEZER D COLMENARES Electronic Signature of Registered Agent Person(s) Detail : AMBR	Title	AMBR	01/25/2024
SIGNATUR Authorized Title Name Address	E: ELIEZER D COLMENARES Electronic Signature of Registered Agent Person(s) Detail : AMBR COLMENARES, ELIEZER	Title Name	AMBR STRAUSS, JOHANNY 3512 BROADWAY ST APT 702	01/25/2024
SIGNATUR Authorized Title Name Address	E: ELIEZER D COLMENARES Electronic Signature of Registered Agent Person(s) Detail : AMBR COLMENARES, ELIEZER 3512 BROADWAY ST APT 702	Title Name Address	AMBR STRAUSS, JOHANNY 3512 BROADWAY ST APT 702	01/25/2024
SIGNATUR Authorized Title Name Address	E: ELIEZER D COLMENARES Electronic Signature of Registered Agent Person(s) Detail : AMBR COLMENARES, ELIEZER 3512 BROADWAY ST APT 702	Title Name Address	AMBR STRAUSS, JOHANNY 3512 BROADWAY ST APT 702	01/25/2024

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: ELIEZER COLMENARES CEO 01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L22000374621

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

4530 S. ORANGE BLOSSOM TRAIL #583 ORLANDO, FL 32839

## Entity Name: DECIMA TECH LLC

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 25, 2024 Secretary of State 7110032473CC

Date