

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000042975

**Entity Name:** ILDE LLC

**Current Principal Place of Business:**

1290 KENDALL TOWN BLVD  
APT 5314  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

1290 KENDALL TOWN BLVD  
APT 5314  
JACKSONVILLE, FL 32225 US

**FEI Number:** 32-0716964

**Certificate of Status Desired:** No

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

DIAMANT, DEAN  
1290 KENDALL TOWN BLVD  
APT 5314  
JACKSONVILLE, FL 32225 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            DIAMANT, DEAN  
Address        1290 KENDALL TOWN BLVD  
                  APT 5314  
City-State-Zip: JACKSONVILLE FL 32225

Title            AMBR  
Name            DIAMANT, EYAL  
Address        6 HAATZMON STREET  
City-State-Zip: PETACH TIKVA IS 32256

*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:** DEAN DIAMANT

AMBR

01/28/2024

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

\_\_\_\_\_  
Date