

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000064920

**Entity Name:** SAPPHIRE LABORATORIES, LLC

**Current Principal Place of Business:**

15338 W TRANQUILITY LAKE DR  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

15338 W TRANQUILITY LAKE DR.  
DELRAY BEACH, FL 33446 UN

**FEI Number:** 86-2108387

**Certificate of Status Desired:** Yes

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

WASHINGTON, ARKEL A  
15338 W TRANQUILITY LAKE DR.  
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

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title            OWNER, MANAGER  
Name            WASHINGTON, ARKEL A  
Address        15338 W TRANQUILITY LAKE DR  
City-State-Zip: DELRAY BEACH 33446

*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:** ARKEL WASHINGTON

**OWNER, MANAGER**

**04/03/2024**

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

\_\_\_\_\_ Date