Electronic Signature of Signing Officer/Director Detail

## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P15000014510

Entity Name: TILLBERG DESIGN OF SWEDEN INC.

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

5201 BLUE LAGOON DRIVE UNIT #320 MIAMI, FL 33126

## **Current Mailing Address:**

5201 BLUE LAGOON DRIVE UNIT #320 MIAMI, FL 33126 US

#### FEI Number: 36-4804845

# Name and Address of Current Registered Agent:

LINDQVIST, PER MANAGER 5201 BLUE LAGOON DRIVE UNIT #320 MIAMI, FL 33126 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                 | PER LINDQVIST                            |                 |                      | 02/15/2019 |
|---------------------------|------------------------------------------|-----------------|----------------------|------------|
|                           | Electronic Signature of Registered Agent |                 |                      | Date       |
| Officer/Director Detail : |                                          |                 |                      |            |
| Title                     | PRESIDENT, DIRECTOR                      | Title           | TREASURER, SECRETARY |            |
| Name                      | NILSSON, STEFAN                          | Name            | ROSENBORG, JOHANNA   |            |
| Address                   | SMÅBÅTSHAMNEN 24                         | Address         | SMÅBÅTSHAMNEN 24     |            |
| City-State-Zip:           | HÖGANÄS 263 39                           | City-State-Zip: | HÖGANÄS 263 39       |            |
| Title                     | DIRECTOR                                 | Title           | DIRECTOR             |            |
| Name                      | JACKIEWICZ, MICHAEL                      | Name            | JOHANSSON, FREDRIK   |            |
| Address                   | SMÅBÅTSHAMNEN 24                         | Address         | SMÅBÅTSHAMNEN 24     |            |
| City-State-Zip:           | HÖGANÄS 263 39                           | City-State-Zip: | HÖGANÄS 263 39       |            |

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

Certificate of Status Desired: No

FILED Feb 15, 2019 Secretary of State 5196229854CC

02/15/2019

Date