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:	MICHAELA DAMM			04/01/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title M	MGRM	Title	MGRM	
Name [	DAMM, MARTIN	Name	DAMM, MICHAELA	
Address 8	8857 17TH AVE CIRCLE NW	Address	8857 17TH AVE CIRCLE NW	

8857 17TH AVE CIRCLE NW BRADENTON, FL 34209

## **Current Mailing Address:**

8857 17TH AVE CIRCLE NW BRADENTON, FL 34209

# FEI Number: 61-1671172

### Name and Address of Current Registered Agent:

DAMM, MICHAELA 8857 17TH AVE CIRCLE NW BRADENTON, FL 34209 US

City-State-Zip: BRADENTON FL 34209

# 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.

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: MICHAELA DAMM

MGR

04/01/2019

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

# DOCUMENT# L11000111151

Entity Name: MD DESIGN FLORIDA, LLC

# **Current Principal Place of Business:**

Date

# FILED Apr 01, 2019 Secretary of State 5061595188CC

Certificate of Status Desired: No

City-State-Zip: BRADENTON FL 34209