

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000091476

**Entity Name:** NWILSON DSIGNZ, LLC

**Current Principal Place of Business:**

4519 SHERMAN HILLS PKWY  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4519 SHERMAN HILLS PKWY  
JACKSONVILLE, FL 32210

**FEI Number: 81-2578219**

**Certificate of Status Desired: No**

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

WILSON, NINA R  
4519 SHERMAN HILLS PKWY  
JACKSONVILLE, FL 32210 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            WILSON, NINA R  
Address        4519 SHERMAN HILLS PKWY  
City-State-Zip: JACKSONVILLE FL 32210

Title            AMBR  
Name            WILSON, JERMAINE D  
Address        4519 SHERMAN HILLS PKWY  
City-State-Zip: JACKSONVILLE FL 32210

*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: JERMAINE D WILSON**

**AMBR**

**07/27/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date