

2019 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: NINA WILSON

MEMBER

04/17/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date