

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000207268

**Entity Name:** BUILD DESIGN STUDIO, LLC

**Current Principal Place of Business:**

596 CASCADE FALLS DRIVE  
WESTON, FL 33327

**Current Mailing Address:**

596 CASCADE FALLS DRIVE  
WESTON, FL 33327

**FEI Number:** 81-4445157

**Certificate of Status Desired:** No

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

NICOLAY, GREGORY J  
596 CASCADE FALLS DRIVE  
WESTON, FL 33327 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	MGR	Title	AMBR
Name	NICOLAY, GREGORY J	Name	CAMMILL, JEFF
Address	596 CASCADE FALLS DRIVE	Address	807 UNIVERSITY BLVD., APT. 105
City-State-Zip:	WESTON FL 33327	City-State-Zip:	JUPITER FL 33458

*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:** GREGORY NICOLAY

**PRESIDENT**

**04/11/2018**

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

\_\_\_\_\_  
Date