

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000069054

**Entity Name:** RN DESIGN GROUP, LLC

**Current Principal Place of Business:**

200 BISCAYNE BLVD.  
SUITE 2790  
MIAMI, FL 33131

**Current Mailing Address:**

P.O. BOX 694205  
MIAMI, FL 33269 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

DANIELS, ISAAC G  
200 BISCAYNE BLVD.  
SUITE 2790  
MIAMI, FL 33131 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 DANIELS, ISAAC G  
Address P.O. BOX 694205  
City-State-Zip: MIAMI FL 33269

Title AMBR  
Name DANIELS, NAJEE  
Address P.O. BOX 694205  
City-State-Zip: MIAMI FL 33269

Title AMBR  
Name DANIELS, NAJUAWA  
Address P.O. BOX 694205  
City-State-Zip: MIAMI FL 33269

*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:** ISAAC DANIELS

**PRESIDENT**

**03/13/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date