

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000217018

**Entity Name:** MIAMI EXPERIENCE DESIGN COMPANY LLC

**Current Principal Place of Business:**

201 SE 2ND AVE  
3002  
MIAMI, FL 33131

**FILED**  
**May 03, 2023**  
**Secretary of State**  
**6007819283CC**

**Current Mailing Address:**

201 SE 2ND AVE  
3002  
MIAMI, FL 33131 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

TORTOLANO, GESSICA  
201 SE 2ND AVE  
3002  
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            FOUNDER  
Name            TORTOLANO, GESSICA LEE  
Address        201 SE 2ND AVE  
                  APT 3002  
City-State-Zip: MIAMI FL 33131

*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:** TORTOLANO, GESSICA LEE

**FOUNDER**

**05/03/2023**

\_\_\_\_\_

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_

Date