

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000016263

**Entity Name:** NICKLAUS DESIGN, LLC

**Current Principal Place of Business:**

3801 PGA BOULEVARD  
SUITE 565  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

3801 PGA BOULEVARD  
SUITE 565  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:** 65-1077744

**Certificate of Status Desired:** Yes

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:** GRACE E. KIRBY

04/12/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	PRESIDENT	Title	EXECUTIVE VICE PRESIDENT
Name	STRINGER, PAUL T.	Name	COTTON, PHILIP
Address	3801 PGA BOULEVARD SUITE 565	Address	3801 PGA BOULEVARD SUITE 565
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	SENIOR VP AND GENERAL COUNSEL	Title	SECRETARY
Name	SCHNARE, JAMES H II	Name	SCHNARE, JAMES H. II
Address	3801 PGA BOULEVARD SUITE 565	Address	3801 PGA BOULEVARD SUITE 565
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	VP	Title	ASST. SECRETARY
Name	BALL, RAYMOND E.	Name	JAFFE, AMY
Address	3801 PGA BOULEVARD SUITE 565	Address	3801 PGA BOULEVARD SUITE 565
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410
Title	TREASURER		
Name	HELMS, THOMAS		
Address	3801 PGA BOULEVARD SUITE 565		
City-State-Zip:	PALM BEACH GARDENS FL 33410		

*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:** JAMES H. SCHNARE II

SECRETARY

04/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date