

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000088132

**Entity Name:** ARCHIDEZIGNS, LLC

**Current Principal Place of Business:**

1585 NE 26TH STREET  
WILTON MANORS, FL 33305

**Current Mailing Address:**

1585 NE 26TH STREET  
WILTON MANORS, FL 33305 US

**FEI Number: 80-0477065**

**Certificate of Status Desired: Yes**

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

ARGUIMBAU, SOFIA  
6060 NW 44TH AVE  
COCONUT CREEK, FL 33073 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 MGRM  
Name MARTI-LARES, ZULAY M  
Address 5381 NW 29TH COURT  
City-State-Zip: MARGATE FL 33063

Title MANAGER MEMBER  
Name ARGUIMBAU, SOFIA MGRM  
Address 2214 N DIXIE HIGHWAY  
City-State-Zip: WILTON MANORS FL 33305

*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: MARTI-LARES , ZULAY M**

**MGRM**

**02/07/2019**

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

\_\_\_\_\_  
Date