| DOCUMENT# L15000014335 | | | Apr 30, 2024 | |
|---|---|---------------------------|-----------------------------------|--|
| Entity Name: BUILDING INGENUITY ARCHITECTURE AND DESIGN, PLLC | | | Secretary of Stat 0933978581CC | |
| Current | Principal Place of Business: | | 093397030100 | |
| 2932 NW 8 | | | | |
| WILTON M | ANORS, FL 33311 | | | |
| Current | Mailing Address: | | | |
| 2932 NW | / 8TH AVE | | | |
| WILTON | MANORS, FL 33311 US | | | |
| FEI Number: 47-2895812 Certificate | | Certificate o | te of Status Desired: No | |
| Name an | nd Address of Current Registered Agent: | | | |
| | AZ, VICTOR ELVIS | | | |
| 2932 NW 8 WILTON M | IH AVE ANORS, FL 33311 US | | | |
| T (1 1 1 1 1 1 1 1 | | | | |
| | amed entity submits this statement for the purpose of changing its registered office or i | registered agent, or both | | |
| SIGNAT | JRE: VICTOR CABAN-DIAZ | | 04/30/20 | |
| | Electronic Signature of Registered Agent | | Date | |
| Authoriz | red Person(s) Detail : | | | |
| Title | AMBR | | | |
| Name | CABAN-DIAZ, VICTOR ELVIS | | | |

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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.

AMBR

SIGNATURE: VICTOR CABAN-DIAZ

2932 NW 8TH AVE

City-State-Zip: WILTON MANORS FL 33311

Address

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 30, 2024 Secretary of State 0933978581CC

04/30/2024

Date

04/30/2024 Date