

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000243487

**Entity Name:** 187DESIGNS, LLC

**Current Principal Place of Business:**

400 SUNNY ISLES BLVD.  
904  
SUNNY ISLES BEACH, FL 33160

**Current Mailing Address:**

400 SUNNY ISLES BLVD.  
904  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 82-3561769

**Certificate of Status Desired:** No

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

SMITH, KERON  
400 SUNNY ISLES BLVD.  
904  
SUNNY ISLES BEACH, FL 33160 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:** KERON SMITH

03/09/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SMITH, KERON  
Address 400 SUNNY ISLES BLVD., APT. 904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name DAVID, NICOLE  
Address 400 SUNNY ISLES BLVD., APT. 904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AMBR  
Name GOMEZ, RUBI  
Address 400 SUNNY ISLES BLVD., APT. 904  
City-State-Zip: SUNNY ISLES BEACH FL 33160

*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:** NICOLE DAVID

AMBR

03/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date