

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000319052

**Entity Name:** DESIGNED BY GRACE, LLC

**Current Principal Place of Business:**

760 NW 147 ST  
NORTH MIAMI, FL 33168

**Current Mailing Address:**

760 NW 147 ST  
NORTH MIAMI, FL 33168

**FEI Number: 88-3827304**

**Certificate of Status Desired:** No

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

ESCARMENT, CARLYNE  
760 NW 147 STREET  
NORTH MIAMI, FL 33168 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            AMBR  
Name            ESCARMENT, CARLYNE  
Address        760 NW 147 STREET  
City-State-Zip: NORTH MIAMI FL 33168

*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: CARLYNE ESCARMENT**

**CARLYNE ESCARMENT**

**04/29/2023**

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

\_\_\_\_\_  
Date