

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000413251

**Entity Name:** SURVIVING DESIGN LLC

**Current Principal Place of Business:**

420 US HWY1  
#23  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

420 US HWY1  
#23  
NORTH PALM BEACH, FL 33408

**FEI Number:** 92-1838182

**Certificate of Status Desired:** No

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

GUERRA, MELISSA Z  
420 US HWY1  
#23  
NORTH PALM BEACH, FL 33408 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            PRES  
Name            GUERRA, MELISSA Z  
Address        420 US HWY 1, #23  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            VP  
Name            SMITH, MELODY B  
Address        800 FOREST HILL BLVD  
City-State-Zip: WEST PALM BEACH FL 33405

Title            TREA  
Name            DOLLEY, TIMM  
Address        420 US HWY 1 #23  
City-State-Zip: NORTH PALM BEACH FL 33408

Title            SEC  
Name            GUERRA, NOE X  
Address        420 US HWY 1 #23  
City-State-Zip: NORTH PALM BEACH FL 33408

*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:** MELISSA GUERRA

**PRESIDENT**

**01/30/2024**

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

\_\_\_\_\_  
Date