

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000200910

**Entity Name:** BATHROOM DESIGN CENTER, LLC

**Current Principal Place of Business:**

139 SOUTHWEST ZIEGLER TERRACE  
LAKE CITY, FL 32024

**Current Mailing Address:**

139 SOUTHWEST ZIEGLER TERRACE  
LAKE CITY, FL 32024 US

**FEI Number:** 92-3657011

**Certificate of Status Desired:** No

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

PALMER, JABRIEL A  
139 SOUTHWEST ZIEGLER TERRACE  
LAKE CITY, FL 32024 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            OWNER  
Name            PALMER, JABRIEL A  
Address        139 SOUTHWEST ZIEGLER TERRACE  
  
City-State-Zip: LAKE CITY FL 32024

*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:** JABRIEL ADAM PALMER

OWNER

02/23/2024

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

\_\_\_\_\_  
Date