

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000483471

**Entity Name:** J189 DESIGN, LLC

**Current Principal Place of Business:**

12827 EILEEN LANE  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

12827 EILEEN LANE  
JACKSONVILLE, FL 32258 US

**FEI Number:** 87-3567448

**Certificate of Status Desired:** No

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

WENRICH, BRIDGET D  
12827 EILEEN LANE  
JACKSONVILLE, FL 32258 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           | AUTHORIZED MEMBER     | Title           | AUTHORIZED REPRESENTATIVE |
| Name            | WENRICH, BRIDGET D    | Name            | WENRICH, DAVID B          |
| Address         | 12827 EILEEN LANE     | Address         | 12827 EILEEN LANE         |
| City-State-Zip: | JACKSONVILLE FL 32258 | City-State-Zip: | JACKSONVILLE FL 32258     |

*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:** BRIDGET WENRICH

**AUTHORIZED MEMBER**

**02/16/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date