

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000054429

**Entity Name:** WACKET DESIGN LLC

**Current Principal Place of Business:**

1420 NE MIAMI PL, APT 2915  
MIAMI, FL 33132-1363

**Current Mailing Address:**

1420 NE MIAMI PL, APT 2915  
MIAMI, FL 33132-1363 US

**FEI Number:** 37-2074602

**Certificate of Status Desired:** No

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

HAFID DIMITRI SKAFIDAS ROJAS  
1420 NE MIAMI PL, APT 2915  
MIAMI, FL 33132-1363 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            HAFID DIMITRI SKAFIDAS ROJAS  
Address        1420 NE MIAMI PL, APT 2915  
City-State-Zip: MIAMI FL 33132-1363

*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:** HAFID DIMITRI SKAFIDAS ROJAS

AMBR

01/16/2024

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

\_\_\_\_\_ Date