

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000043250

Entity Name: G2 ARCHITECT, LLC

Current Principal Place of Business:

596 CASCADE FALLS DRIVE
WESTON, FL 33327

Current Mailing Address:

596 CASCADE FALLS DRIVE
WESTON, FL 33327

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NICOLAY, GREGORY J
596 CASCADE FALLS DRIVE
WESTON, FL 33327 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 MGRM
Name NICOLAY, GREGORY J
Address 596 CASCADE FALLS DRIVE
City-State-Zip: WESTON FL 33327

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: GREGORY J. NICOLAY

MGRM

04/28/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date