# 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.

**Current Mailing Address:** 

**Current Principal Place of Business:** 

**5 ALTHEA STREET** ST. AUGUSTINE, FL 32084 US

DOCUMENT# L14000085410

220 E. FORSYTH STREET

JACKSONVILLE, FL 32202

SUITE G

### FEI Number: 47-1009821

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

DUNCAN, CATHERINE A **5 ALTHEA STREET** ST. AUGUSTINE, FL 32084 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

## Authorized Person(s) Detail :

Additionized				
Title	PRINCIPAL ARCHITECT	Title	AUTHORIZED REPRESENTATIVE	
Name	DUNCAN, CATHERINE A	Name	WISE, DARRYL DELL	
Address	5 ALTHEA STREET	Address	5 ALTHEA STREET	
City-State-Zip:	ST. AUGUSTINE FL 32084	City-State-Zip:	ST. AUGUSTINE FL 32084	

SIGNATURE: CATHERINE A. DUNCAN

Electronic Signature of Signing Authorized Person(s) Detail

ARCHITECT

### FILED Feb 10, 2019 Secretary of State 1016098115CC

Certificate of Status Desired: No

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: CATHERINE DUNCAN ARCHITECTS, LLC

Date

Date