

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000148424

**Entity Name:** PROTOCOL PROJECTS LLC.

**Current Principal Place of Business:**

2029 NW 6TH ST A  
GAINESVILLE, FL 32609

**Current Mailing Address:**

2029 NW 6TH ST A  
GAINESVILLE, FL 32609

**FEI Number:** 47-1986753

**Certificate of Status Desired:** No

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

MOSKOWITZ, NICHOLAS  
715 NE 7TH ST  
GAINESVILLE, FL 32601 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	Title	DIRECTOR
Name	MOSKOWITZ, NICHOLAS	Name	WESTFALL, CHARLES ARTHUR IV
Address	715 NE 7TH ST	Address	2029 NW 6TH ST A
City-State-Zip:	GAINESVILLE FL 32601	City-State-Zip:	GAINESVILLE FL 32609

*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:** NICHOLAS MOSKOWITZ

AMBR

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date