2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000910

Entity Name: RED ARCHITECTURE & PLANNING LLC

Current Principal Place of Business:

589 W NATIONWIDE BLVD STE B COLUMBUS. OH 43215

Current Mailing Address:

589 W NATIONWIDE BLVD STE B COLUMBUS, OH 43215 US

FEI Number: 20-4988829 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Feb 01, 2024

Secretary of State

2448006005CC

Authorized Person(s) Detail:

Title PRINCIPAL Title PRINCIPAL
Name EFAW, DAVID A Name ARTAR, KYLE

Address 589 W NATIONWIDE BLVD STE B Address 589 W NATIONWIDE BLVD STE B

City-State-Zip: COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215

Title PRINCIPAL Title PRINCIPAL

Name WILSON, N EDWARD Name HEADLEE, MARK

Address 589 W NATIONWIDE BLVD STE B Address 589 W NATIONWIDE BLVD STE B

City-State-Zip: COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215

Title PRINCIPAL Title PRINCIPAL

Name SMELKER, DOUGLAS Name DOLAN, JASON

Address 589 W NATIONWIDE BLVD STE B Address 589 W NATIONWIDE BLVD STE B

City-State-Zip: COLUMBUS OH 43215 City-State-Zip: COLUMBUS OH 43215

Title PRINCIPAL

Name MATHEWS, KRISTA

Address 589 W NATIONWIDE BLVD STE B

City-State-Zip: COLUMBUS OH 43215

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: KYLE ARTAR PRINCIPAL 02/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date