

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400004109

**Entity Name:** TOOLE DESIGN GROUP, LLC

**Current Principal Place of Business:**

8484 GEORGIA AVE, SUITE 800  
SILVER SPRING, MD 20910

**Current Mailing Address:**

8484 GEORGIA AVE, SUITE 800  
SILVER SPRING, MD 20910 US

**FEI Number:** 05-0545429

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH ST N  
SUITE 300  
ST. PETERSBURG, FL 33702 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 AUTHORIZED MEMBER  
Name TOOLE, JENNIFER L  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name ELDRIDGE, RJ  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name SCHULTHEISS, WILLIAM  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name JACKSON, NICHOLAS  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name BOUGHMAN, ERNIE  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name SCHLICHTING, CIARA  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name FIELDS, JESSICA  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title AUTHORIZED MEMBER  
Name ANDERSON, ALIA  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

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*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:** RJ ELDRIDGE

**MEMBER**

**04/14/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED MEMBER  
Name DEGRAY, JASON  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910