

**2018 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

**FEI Number:** 05-0545429

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC  
17888 67TH CT N  
LOXAHATCHEE, FL 33471 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 P  
Name TOOLE, JENNIFER L  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title EVP  
Name MONGELLI, ERIC  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

Title VP  
Name ELDRIDGE, ROSWELL  
Address 8484 GEORGIA AVE, SUITE 800  
City-State-Zip: SILVER SPRING MD 20910

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

Title VP  
Name JACKSON, NICHOLAS  
Address 33 BROAD ST, 4TH FLOOR  
City-State-Zip: BOSTON MA 02109

*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:** JENNIFER L. TOOLE

**PRESIDENT**

**02/01/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date