

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L00000009530

1. Entity Name **ARCHITECTS, LLC** Change Filed 2/23/06
METRO



Principal Place of Business
314 SOUTH MISSOURI AVE
SUITE 311
CLEARWATER FL 33756

Mailing Address
314 S. MISSOURI AVE
SUITE 311
CLEARWATER FL 33756

FILED



TALLAHASSEE, FLORIDA

1st MOORE CR2E083 (10/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-4393044

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MILLER, CHRISTOPHER P
2200 CLARINE WAY N.
DUNEDIN FL 34698

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME MILLER, CHRISTOPHER P
STREET ADDRESS 2200 CLARINE WAY N.
CITY-ST-ZIP DUNEDIN FL 34698

TITLE MGR ☐ Delete
NAME MILLER, CHRISTOPHER
STREET ADDRESS 314 SOUTH MISSOURI AVE STE 311
CITY-ST-ZIP CLEARWATER FL 33756

TITLE MGR ☐ Delete
NAME PAUL JOSEPH A
STREET ADDRESS 314 SOUTH MISSOURI AVE STE 311
CITY-ST-ZIP CLEARWATER FL 33756

TITLE MGR ☒ Delete
NAME MILLER, LAURIE
STREET ADDRESS 314 SOUTH MISSOURI AVE STE 311
CITY-ST-ZIP CLEARWATER FL 33756

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800068101158
CITY-ST-ZIP 03/20/06--01019--030 **200.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

K. Eckel MAR 07 2006

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

20 FEB 2006 727-461-542C