

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000436

FILED
Apr 09, 2009
Secretary of State

Entity Name: A P D ENGINEERING AND ARCHITECTURE, PLLC

Current Principal Place of Business:

615 FISHERS RUN
VICTOR, NY 14564

New Principal Place of Business:

Current Mailing Address:

615 FISHERS RUN
VICTOR, NY 14564

New Mailing Address:

FEI Number: 16-1522671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXIS DOCUMENT SERVICES INC
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLEASON, STEVEN G
Address: 4075 ONNALINDA DRIVE
City-St-Zip: CANANDAIGUA, NY 14424 US

Title: MGR () Delete
Name: TUTTLE, MARK R
Address: 6075 CARTERSVILLE ROAD
City-St-Zip: POWHATAN, VA 23139 US

Title: MGR (X) Delete
Name: PILLETTERI, CARL J
Address: 132 LEGRAN RD
City-St-Zip: ROCHESTER, NY 14617 US

Title: MGR () Delete
Name: LUCEY, THOMAS P
Address: 5 MORNING VIEW DRIVE
City-St-Zip: FAIRPORT, NY 14450 US

Title: MGR () Delete
Name: WHEATCRAFT, JAMIE S
Address: 19 PORTOFINO CIRCLE
City-St-Zip: MENDON, NY 14467 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: STEVEN G. CLEASON

MGR

04/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date