

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000000436

**FILED**  
**Apr 19, 2012**  
**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: MGRM  
Name: CLEASON, STEVEN G  
Address: 4075 ONNALINDA DRIVE  
City-St-Zip: CANANDAIGUA, NY 14424 US

Title: MGRM  
Name: TUTTLE, MARK R  
Address: 11610 GARDEN POND DR #102  
City-St-Zip: GLEN ALLEN, VA 23059 US

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

Title: MGRM  
Name: WHEATCRAFT, JAMIE S  
Address: 19 PORTOFINO CIRCLE  
City-St-Zip: MENDON, NY 14467 US

Title: MGRM  
Name: ACCORDO, GASPARE A  
Address: 2192 RUSH-MENDON ROAD  
City-St-Zip: RUSH, NY 14543

Title: MGRM  
Name: MARKEVICZ, TODD G  
Address: 33 THRUSH FIELD WAY  
City-St-Zip: PITTSFORD, NY 14534

I hereby 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

MGRM

04/19/2012

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