2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
Secretary of State

DOCUMENT# M05000004722

Entity Name: DAL POS ARCHITECTS, LLC

Current Principal Place of Business:

101 NORTH CLINTON STREET, SUITE 300
SYRACUSE, NY 13202

New Principal Place of Business:

101 NORTH CLINTON STREET
SUITE 300
SYRACUSE, NY 13202

Current Mailing Address:

101 NORTH CLINTON STREET, SUITE 300
SYRACUSE, NY 13202

New Mailing Address:

101 NORTH CLINTON STREET
SUITE 300
SYRACUSE, NY 13202

FEI Number: 16-1579991 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	( ) Delete
Name:	BARTOLOTTI, JOHN A AIA	
Address:	101 NORTH CLINTON STREET	
City-St-Zip:	SYRACUSE, NY 13202	
Title:	MGRM	( ) Delete
Name:	BENJAMIN, EDWARD W AIA	
Address:	101 NORTH CLINTON STREET	
City-St-Zip:	SYRACUSE, NY 13202	
Title:	MGRM	( ) Delete
Name:	COX, DENNIS E AIA	
Address:	101 NORTH CLINTON STREET	
City-St-Zip:	SYRACUSE, NY 13202	
Title:	MGRM	( ) Delete
Name:	MILLER, JAMES R JR AIA	
Address:	101 NORTH CLINTON STREET	
City-St-Zip:	SYRACUSE, NY 13202	
Title:	MGRM	( ) Delete
Name:	PAWLIW, TARAS J AIA	
Address:	101 NORTH CLINTON STREET	
City-St-Zip:	SYRACUSE, NY 13202	

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: JAMES R. MILLER, JR. MGRM 01/09/2008

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