

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000114643

Entity Name: LIOLLIO ARCHITECTURE, PC**Current Principal Place of Business:**147 WAPPOO CREEK DRIVE
SUITE 400
CHARLESTON, SC 29412**Current Mailing Address:**147 WAPPOO CREEK DRIVE
SUITE 400
CHARLESTON, SC 29412 US**FEI Number:** 46-0747373**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PINES, RICARDO E
3301 PONCE DE LEON BLVD
SUITE 200
CORAL GABLES, FL 33134 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**Officer/Director Detail :**

Title	VP
Name	LIOLLIO, CONSTANTINE DEMETRIOS
Address	147 WAPPOO CREEK DRIVE, SUITE 400
City-State-Zip:	CHARLESTON SC 29412

Title	PRES
Name	LIOLLIO, CHERIE A
Address	147 WAPPOO CREEK DRIVE, SUITE 400
City-State-Zip:	CHARLESTON SC 29412

Title	VP
Name	SCHIMPF, THOMAS L
Address	147 WAPPOO CREEK DRIVE, SUITE 400
City-State-Zip:	CHARLESTON SC 29412

Title	SECRETARY
Name	BOUSQUET, RICK
Address	147 WAPPOO CREEK DRIVE STE 400
City-State-Zip:	CHARLESTON SC 29412

Title	SENIOR PROJECT MANAGER
Name	WHITE, JAY M.
Address	147 WAPPOO CREEK DRIVE SUITE 400
City-State-Zip:	CHARLESTON SC 29412

Title	SENIOR PROJECT MANAGER
Name	CHARZEWSKI, JENNIFER G
Address	147 WAPPOO CREEK DRIVE SUITE 400
City-State-Zip:	CHARLESTON SC 29412

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CONSTANTINE DEMETRIOS LIOLLIO

VP

04/10/2018

Electronic Signature of Signing Officer/Director Detail_____
Date