#### that my name appears above, or on an attachment with all other like empowered. SIGNATURE: JACOB MURPHY

Electronic Signature of Signing Authorized Person(s) Detail

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000366461

Entity Name: AUS PROJECT GROUP, LLC

#### **Current Principal Place of Business:**

7901 4TH STREET NORTH **STE 300** ST. PETERSBURG, FL 33702

## **Current Mailing Address:**

7901 4TH STREET NORTH **STE 300** ST. PETERBURG, FL 33702 US

## FEI Number: 81-4914898

## Name and Address of Current Registered Agent:

REGISTERED AGENTS INC. 7901 4TH STREET NORTH **STE 300** ST. PETERSBURG, FL 33702 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	DAVID ROBERTS		(	01/06/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER	
Name	MURPHY, JACOB A	Name	STAPLETON, KAITLIN ROSE ESO	ג.
Address	7901 4TH STREET NORTH STE 300	Address	7901 4TH STREET N STE 300	
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702	

Certificate of Status Desired: No

01/06/2024 AUTHORIZED MEMBER

Date

## FILED Jan 06, 2024 Secretary of State 0656099847CC