

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013233

Entity Name: AMERICAN CONSULTING ENGINEERS OF FLORIDA, LLC

Current Principal Place of Business:

155 N WACKER DR., SUITE 4150
CHICAGO, IL 60606-1788

Current Mailing Address:

155 N WACKER DR., SUITE 4150
CHICAGO, IL 60606-1788 US

FEI Number: 04-3682340

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

Authorized Person(s) Detail :

Title MANAGER
Name PATIL, SANDEEP
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER
Name RAYASAM, CHRIS
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER
Name GERNANT, ERIK
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER
Name SCHWARTZ, ZINA
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER
Name GWILLIAM, SCOTT
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER
Name RANGASWAMY, MAVANUR
 GOVINDRAJ
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER
Name SHIMANEK , MINDY
Address 155 N WACKER DR., SUITE 4150
City-State-Zip: CHICAGO IL 60606-1788

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 that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SANDEEP PATIL

MANAGER

01/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date