

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000020106

**Entity Name:** AMERICAN CONSULTING PROFESSIONALS, LLC

**Current Principal Place of Business:**

155 N WACKER DR STE 4150  
CHICAGO, IL 60606-1788

**Current Mailing Address:**

155 N WACKER DR STE 4150  
CHICAGO, IL 60606-1788

**FEI Number:** 65-1167239

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

**FILED**  
**Jan 17, 2024**  
**Secretary of State**  
**8003642362CC**

*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 STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

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

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

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

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

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

Title           MANAGER  
Name           SCHWARTZ , ZINA  
Address        155 N WACKER DR STE 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