

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000097912

**Entity Name:** CONSOR EQUIPMENT, LLC

**Current Principal Place of Business:**

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

**FILED**  
**Apr 08, 2023**  
**Secretary of State**  
**3466633613CC**

**Current Mailing Address:**

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

**FEI Number: 59-3352901**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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           RAYASAM, CHRIS  
Address        155 N WACKER DR.,  
                  SUITE 4150  
City-State-Zip: CHICAGO IL 60606

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

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

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

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

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

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

*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: ERIKN GERANT**

**MANAGER**

**04/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date