

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000098678

Entity Name: CONSOR ENGINEERS, LLC**Current Principal Place of Business:**155 NORTH WACKER DRIVE
SUITE 4150
CHICAGO, IL 60606**Current Mailing Address:**155 NORTH WACKER DRIVE
SUITE 4150
CHICAGO, IL 60606 US**FEI Number:** 59-3221706**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH INE 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	PATIL, SANDEEP N.
Address	155 NORTH WACKER DRIVE SUITE 4150
City-State-Zip:	CHICAGO IL 60606

Title	MANAGER
Name	RAYASAM, CHRIS
Address	155 NORTH WACKER DRIVE SUITE 4150
City-State-Zip:	CHICAGO IL 60606

Title	MANAGER
Name	CASS, MATTHEW PAUL
Address	155 NORTH WACKER DRIVE SUITE 4150
City-State-Zip:	CHICAGO IL 60606

Title	MANAGER
Name	GWILLIAM, SCOTT
Address	155 NORTH WACKER DRIVE SUITE 4150
City-State-Zip:	CHICAGO IL 60606

Title	MANAGER
Name	GERNANT, ERIK
Address	155 NORTH WACKER DRIVE 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: MATTHEW CASS**SENIOR VICE PRESIDENT** 09/13/2022_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date