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. 04/15/2024

SIGNATURE: DAVID HENISON

AUTHORIZED REPRESENTATIVE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L20000037035

Entity Name: FORTEC LITHO NORTH FLORIDA, LLC

Current Principal Place of Business:

6245 HUDSON CROSSING PKWY HUDSON, OH 44236

Current Mailing Address:

6245 HUDSON CROSSING PKWY HUDSON, OH 44236 US

FEI Number: 84-4401658

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

SIGNATURE:

Authorized Person(s) Detail :			
Title	MANAGER	Title	AUTHORIZED REPRESENTATIVE
Name	SIGHT MANAGER, LLC	Name	HENISON, DAVID
Address	6245 HUDSON CROSSING PKWY	Address	6245 HUDSON CROSSING PKWY
City-State-Zip:	HUDSON OH 44236	City-State-Zip:	HUDSON OH 44236

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.

Electronic Signature of Registered Agent

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Certificate of Status Desired: No

Date

Date

FILED Apr 15, 2024 Secretary of State 9066183055CC