# 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0300000072

#### Entity Name: COVESTRO LLC

## **Current Principal Place of Business:**

1 COVESTRO CIRCLE PITTSBURGH, PA 15205

## **Current Mailing Address:**

1 COVESTRO CIRCLE PITTSBURGH, PA 15205 US

# FEI Number: 06-1653740

## Name and Address of Current Registered Agent:

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

Certificate of Status Desired: No

#### 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:

Name

Address

Electronic Signature of Registered Agent

## Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	LEMMEX, JOHN	Name	RZEPECKI, DAVID
Address	1 COVESTRO CIRCLE	Address	1 COVESTRO CIRCLE
City-State-Zip:	PITTSBURGH PA 15205	City-State-Zip:	PITTSBURGH PA 15205
Title	MANAGER	Title	MANAGER
Name	MACCLEARY, G.F.	Name	JONSSON, ERIK
Address	1 COVESTRO CIRCLE	Address	1 COVESTRO CIRCLE
City-State-Zip:	PITTSBURGH PA 15205	City-State-Zip:	PITTSBURGH PA 15205
Title	MANAGER	Title	MANAGER
Name	COLLINS, BRIAN	Name	UNICE, JOHN
Address	1 COVESTRO CIRCLE	Address	1 COVESTRO CIRCLE
City-State-Zip:	PITTSBURGH PA 15205	City-State-Zip:	PITTSBURGH PA 15205
Title	MANAGER		

City-State-Zip: PITTSBURGH PA 15205

MONTGOMERY, DAVID

**1 COVESTRO CIRCLE** 

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: DAVID RZEPECKI

MANAGER

01/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

# FILED Jan 15, 2019 Secretary of State 7820527915CC

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Date