# 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M11000004898

Entity Name: THORNWOOD ASSOCIATES L.L.C.

# **Current Principal Place of Business:**

222 N LASALLE ST STE 2000 CHICAGO, IL 60601

## **Current Mailing Address:**

222 N LASALLE ST STE 300 CHICAGO, IL 60601 US

# FEI Number: 36-4190208

## Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 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

#### Authorized Person(s) Detail :

|  | Title           | MGR                                             | Title                      | AUTHORIZED REPRESENTATIVE |
|--|-----------------|-------------------------------------------------|----------------------------|---------------------------|
|  | Name            | UNIVERSITY EXCHANGE                             | Name                       | COWAN, JENNIFER           |
|  | Address         | CORPORATION<br>222 N LASALLE ST                 | Address                    | 1751 W DIEHL ROAD         |
|  | Address         | STE 2000                                        | City-State-Zip:            | #A<br>NAPERVILLE IL 60563 |
|  | City-State-Zip: | CHICAGO IL 60601                                |                            |                           |
|  | Title           | AUTHORIZED REPRESENTATIVE<br>DUNNE, KIMBERLY L. | Title                      | AUTHORIZED REPRESENTATIVE |
|  | Name            |                                                 | Name                       | FRANKIEWICZ, THERESA O.   |
|  | Address         | 1751 W. DIEHL ROAD                              | Address                    | 1751 W. DIEHL ROAD<br>#A  |
|  | City-State-Zip: | #A<br>NAPERVILLE IL 60563                       | City-State-Zip:            | NAPERVILLE IL 60563       |
|  | Title AUTH      | ITHORIZED REPRESENTATIVE                        | Title                      | AUTHORIZED REPRESENTATIVE |
|  | Name            | NETTINA, PAUL                                   | Name                       | WEBER, CRAIG B.           |
|  |                 |                                                 | Address<br>City-State-Zip: | 2940 SPORTS CORE CIRCLE   |
|  | Address         | 2940 SPORTS CORE CIRCLE                         |                            | WESLEY CHAPEL FL 33544    |
|  | City-State-Zip: | WESLEY CHAPEL FL 33544                          |                            |                           |

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: JOHN H. MAYS

ASSISTANT SECRETARY 02/19/2024 OF MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

Date