

2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M11000004898

FILED
Aug 07, 2020
Secretary of State
2840139652CC

Entity Name: THORNWOOD ASSOCIATES L.L.C.

Current Principal Place of Business:

222 N LASALLE ST
STE 300
CHICAGO, IL 60601

Current Mailing Address:

222 N LASALLE ST
STE 300
CHICAGO, IL 60601 US

FEI Number: 36-4190208

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIVERSAL REGISTERED AGENTS, INC.
1317 CALIFORNIA ST.
TALLAHASSEE, FL 32304 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	MGR	Title	AUTHORIZED REPRESENTATIVE
Name	UNIVERSITY EXCHANGE CORPORATION	Name	COWAN, JENNIFER
Address	222 N LASALLE ST STE 300	Address	1751 W DIEHL ROAD #A
City-State-Zip:	CHICAGO IL 60601	City-State-Zip:	NAPERVILLE IL 60563
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	DUNNE, KIMBERLY L.	Name	FRANKIEWICZ, THERESA O.
Address	1751 W. DIEHL ROAD #A	Address	1751 W. DIEHL ROAD #A
City-State-Zip:	NAPERVILLE IL 60563	City-State-Zip:	NAPERVILLE IL 60563
Title	AUTHORIZED REPRESENTATIVE	Title	AUTHORIZED REPRESENTATIVE
Name	NETTINA, PAUL	Name	WEBER, CRAIG B.
Address	2940 SPORTS CORE CIRCLE	Address	2940 SPORTS CORE CIRCLE
City-State-Zip:	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 08/07/2020
OF MANAGER

Electronic Signature of Signing Authorized Person(s) Detail

Date