

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001609

Entity Name: BONDED FILTER CO. LLC

Current Principal Place of Business:

545 MAINSTREAM DR
STE 250
NASHVILLE, TN 37228

Current Mailing Address:

545 MAINSTREAM DR
STE 250
NASHVILLE, TN 37228 US

FEI Number: 20-0415085

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
1200 SOUTH PINE 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 VERDI, MARK
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name ASHWOOD, MATTHEW P
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name BIDDIX, TYLER
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name RICH, JAMES T
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name GOODMAN, JAMES J.
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name YENNACO, NICK
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name WHITAKER, PHIL
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

Title MANAGER
Name ZLOTOFF, BEN
Address 545 MAINSTREAM DR
STE 250
City-State-Zip: NASHVILLE TN 37228

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 P ASHWOOD

MANAGER

03/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date