I hereby certify that the information indicated on this report or supplemental report is true and accurate oath; that I am a managing member or manager of the limited liability company or the receiver or truste		
that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE CYNTHIA PAYNE	MANAGER	06/12/2019

MANAGER

SIGNATURE: CYNTHIA PAYNE

I

Electronic Signature of Signing Authorized Person(s) Detail

2019 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT

# **Current Principal Place of Business:**

13227 LAKEPOINT DRIVE PLAINFIELD, IL 60585

### **Current Mailing Address:**

13227 LAKEPOINT DRIVE PLAINFIELD, IL 60585 US

#### FEI Number: 47-1896152

# Name and Address of Current Registered Agent:

PAYNE, CYNTHIA 13227 LAKEPOINT DRIVE PLAINFIELD, FL 60585 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	: CYNTHIA PAYNE			06/12/2019
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	VP	
Name	PAYNE, CYNTHIA	Name	PAYNE, JOHN W	
Address	13227 LAKEPOINT DRIVE	Address	13227 LAKEPOINT DRIVE	
City-State-Zip:	PLAINFIELD IL 60585	City-State-Zip:	PLAINFIELD IL 60585	

DOCUMENT# M1400008387

## FILED Jun 12, 2019 Secretary of State 6271833264CR

Certificate of Status Desired: Yes

Date