

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000001092

**Entity Name:** ALITHYA RANZAL LLC

**Current Principal Place of Business:**

2500 NORTHWINDS PARKWAY  
SUITE 600  
ALPHARETTA, GA 30009

**Current Mailing Address:**

2500 NORTHWINDS PARKWAY  
SUITE 600  
ALPHARETTA, GA 30009 US

**FEI Number:** 20-1652835

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
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 CFO, TREASURER  
Name THIBAUT, CLAUDE  
Address 700 DE LA GAUCHETIERE STREET  
WEST, STE 2400  
City-State-Zip: MONTREAL QUEBEC H3B 5MZ

Title PRESIDENT  
Name SMITH, RUSSELL  
Address 2500 NORTHWINDS PARKWAY  
SUITE 600  
City-State-Zip: ALPHARETTA GA 30009

Title SECRETARY  
Name FORCIER, NATHALIE  
Address 700 DE LA GAUCHETIERE STREET  
WEST, STE 2400  
City-State-Zip: MONTREAL H3B 5MZ

*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:** RUSSELL SMITH

**PRESIDENT**

**04/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date