

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009653

**FILED**  
**Feb 21, 2019**  
**Secretary of State**  
**5375372905CC**

**Entity Name:** ROUTEONE HOLDINGS LLC

**Current Principal Place of Business:**

31500 NORTHWESTERN HIGHWAY SUITE 200  
FARMINGTON HILLS, MI 48334

**Current Mailing Address:**

31500 NORTHWESTERN HIGHWAY SUITE 200  
FARMINGTON HILLS, MI 48334 US

**FEI Number:** 81-4521309

**Certificate of Status Desired:** No

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

C T 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:** JAMES M. HALPIN

02/21/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name OESTERLE, JUSTIN  
Address 31500 NORTHWESTERN HIGHWAY SUITE 200  
City-State-Zip: FARMINGTON HILLS MI 48334

Title MGR  
Name DOMAN, DANIEL J  
Address 31500 NORTHWESTERN HIGHWAY SUITE 200  
City-State-Zip: FARMINGTON HILLS MI 48334

Title MGR  
Name BASILE, JANICE J  
Address 31500 NORTHWESTERN HIGHWAY SUITE 200  
City-State-Zip: FARMINGTON HILLS MI 48334

Title MGR  
Name GEORGE, AMANDA  
Address 31500 NORTHWESTERN HIGHWAY SUITE 200  
City-State-Zip: FARMINGTON HILLS MI 48334

Title MGR  
Name IRVING, CHRIS  
Address 31500 NORTHWESTERN HIGHWAY SUITE 200  
City-State-Zip: FARMINGTON HILLS MI 48334

*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:** DANIEL J. DOMAN

**CHIEF LEGAL AND  
PRIVACY OFFICER**

02/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date