## **2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000000010

**Entity Name: DATA DIMENSIONS LLC** 

**Current Principal Place of Business:** 

400 MIDLAND COURT SUITE 201

JANESVILLE, WI 53546

**Current Mailing Address:** 

400 MIDLAND COURT SUITE 201 JANESVILLE, WI 53546 US

FEI Number: NOT APPLICABLE 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:

Address

Electronic Signature of Registered Agent

Date

**FILED** Apr 26, 2021

**Secretary of State** 

9177517721CC

Authorized Person(s) Detail:

Title **MEMBER** Title **MANAGER** 

DATA DIMENSIONS INTERMEDIATE II WETZEL, JOSEPH C Name Name

> CORP. Address 7676 FORSYTH BOULEVARD

7676 FORSYTH BOULEVARD **SUITE 2700** 

**SUITE 2700** 

ST. LOUIS MO 63105 City-State-Zip: City-State-Zip: ST. LOUIS MO 63105

Title **MANAGER** Title CEO

BOROW, ELIZABETH Name DOYLE, BRYAN Name

7676 FORSYTH BOULEVARD Address 400 MIDLAND COURT Address

**SUITE 2700** SUITE 201

ST. LOUIS MO 63105 City-State-Zip: City-State-Zip: JANESVILLE WI 53546

Title **MANAGER** Title MANAGER

DUNN, ROBERT C Name Name CLIFTON, RICK

7676 FORSYTH BOULEVARD Address 7676 FORSYTH BOULEVARD Address

**SUITE 2700** 

**SUITE 2700** ST. LOUIS MO 63105 City-State-Zip:

ST. LOUIS MO 63105 City-State-Zip:

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.

04/26/2021 SIGNATURE: JOSEPH C. WETZEL MANAGER