

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000003428

Entity Name: FORTIOR SOLUTIONS, LLC

Current Principal Place of Business:

5800 NE PINEFARM COURT
HILLSBORO, OR 97124

Current Mailing Address:

5800 NE PINEFARM COURT
HILLSBORO, OR 97124 US

FEI Number: 93-1331902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
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: MARK WILLIAMS

03/30/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ROBELL, JAMES
Address 7667 SW OVIATT DRIVE
City-State-Zip: BEAVERTON OR 97007

Title MANAGER
Name SULLIVAN, SEAN
Address 9 DEL PRADO
City-State-Zip: LAKE OSWEGO OR 97035

Title MANAGER
Name COWAN, KATHERINE
Address 4707 HASTINGS PLACE
City-State-Zip: LAKE OSWEGO OR 97035

Title PRESIDENT
Name ROBELL, JAMES
Address 7667 SW OVIATT DRIVE
City-State-Zip: BEAVERTON OR 97007

Title VICE-PRESIDENT
Name SULLIVAN, SEAN
Address 9 DEL PRADO
City-State-Zip: LAKE OSWEGO OR 97035

Title SECRETARY
Name COWAN, KATHERINE
Address 4707 HASTINGS PLACE
City-State-Zip: LAKE OSWEGO OR 97035

Title TREASURER
Name SULLIVAN, SEAN
Address 9 DEL PRADO
City-State-Zip: LAKE OSWEGO OR 97035

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: JAMES ROBELL

PRESIDENT

03/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date