

**2020 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

03/27/2020

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

03/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date