

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000003695

Entity Name: PROLOGIC ITS LLC**Current Principal Place of Business:**106 NORTHPOINT PKWY BLDG 2 STE 350
ACWORTH, GA 30102**Current Mailing Address:**106 NORTHPOINT PKWY BLDG 2 STE 350
ACWORTH, GA 30102 US**FEI Number:** 46-4101495**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NORTHWEST REGISTERED AGENT LLC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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	AUTHORIZED MEMBER
Name	CRAPPS, CHRIS
Address	106 NORTHPOINT PKWY, BLDG 2, STE 350
City-State-Zip:	ACWORTH GA 30102

Title	AUTHORIZED MEMBER
Name	PICKERING JR, JOHN
Address	106 NORTHPOINT PKWY BLDG 2 STE 350
City-State-Zip:	ACWORTH GA 30102

Title	AUTHORIZED MEMBER
Name	SPRAYBERRY, PAUL
Address	106 NORTHPOINT PKWY BLDG 2 STE 350
City-State-Zip:	ACWORTH GA 30102

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: CHRIS CRAPPS

MEMBER

02/06/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date