2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000009921

Entity Name: CHARLOTTE ENGINEERING AND SURVEYING, LLC

FILED Jan 17, 2024 **Secretary of State** 3625209185CC

Date

Current Principal Place of Business:

155 N WACKER DR STE 4150 CHICAGO. IL 60606-1788

Current Mailing Address:

155 N WACKER DR STE 4150 CHICAGO, IL 60606-1788 US

FEI Number: 59-1938257 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MANAGER Title MANAGER

PATIL, SANDEEP Name Name RAYASAM, CHRIS

155 N WACKER DR STE 4150 Address 155 N WACKER DR STE 4150 Address

City-State-Zip: CHICAGO IL 60606-1788 CHICAGO IL 60606-1788 City-State-Zip:

Title **MANAGER** Title MANAGER

Name GERNANT, ERIK GWILLIAM, SCOTT Name

Address 155 N WACKER DR STE 4150 Address 155 N WACKER DR STE 4150 CHICAGO IL 60606-1788

City-State-Zip: City-State-Zip: CHICAGO IL 60606-1788

Title **MANAGER** Title MANAGER

Name SCHWARTZ, ZINA RANGASWAMY, GOBINDRAJ Name

MAVANUR Address 155 N WACKER DR STE 4150 155 N WACKER DR STE 4150 Address

City-State-Zip: CHICAGO IL 60606-1788 CHICAGO IL 60606-1788 City-State-Zip:

Title **MANAGER**

Name SHIMANEK, MINDY

155 N WACKER DR STE 4150 Address City-State-Zip: CHICAGO IL 60606-1788

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.

01/17/2024 SIGNATURE: SANDEEP PATIL **MANAGER**

Electronic Signature of Signing Authorized Person(s) Detail