

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002345

Entity Name: TECTA AMERICA SOUTHEAST LLC**Current Principal Place of Business:**588 MONROE RD.
SANFORD, FL 32771**Current Mailing Address:**588 MONROE ROAD
SANFORD, FL 32771 US**FEI Number:** 20-2141268**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name TECTA AMERICA CORP.
Address 9450 W BRYN MAWR AVE.
SUITE 500
City-State-Zip: SKOKIE IL 60077

Title VP
Name PINKSTON, CHRIS
Address 5085 SHILOH RD.
City-State-Zip: CUMMING GA 30040

Title ASST. SECRETARY, ASST.
TREASURER
Name BENSON, MARC
Address 9450 W BRYN MAWR AVE.
SUITE 500
City-State-Zip: ROSEMONT IL 60018

Title VP
Name LEBEDA, TIFFANY
Address 588 MONROE ROAD
City-State-Zip: SANFORD FL 32771

Title PRESIDENT
Name WINANT, MICHAEL
Address 588 MONROE ROAD
City-State-Zip: SANFORD FL 32771

Title VP
Name JIM, HOLT
Address 5578 MORGAN ST.
City-State-Zip: BIRMINGHAM AL 35210

Title TREASURER
Name LINDHORST, KARL
Address 588 MONROE RD.
City-State-Zip: SANFORD FL 32771

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: IRMA CRUZ GONZALEZ**ACCOUNTING MANAGER** 05/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date