

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000007349

Entity Name: UES PROFESSIONAL SOLUTIONS 19, LLC**Current Principal Place of Business:**2561 WILLOW POINT WAY
KNOXVILLE, TN 37931**Current Mailing Address:**2561 WILLOW POINT WAY
KNOXVILLE, TN 37931 US**FEI Number:** 20-4030497**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET
2ND FL SUITE 4
TALLAHASSEE, FL 32301 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	CEO
Name	HUCKABA, DENNIS AII
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

Title	VP
Name	HESTERLEE, DAVID
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

Title	VP
Name	KILDAY, DEREK
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

Title	VP
Name	GAMMON, JERRY
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

Title	VP
Name	KINGERY, ROS
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

Title	TREASURER
Name	DEAR, MICHAEL
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

Title	SECRETARY
Name	BUTTERFIELD, BENJAMIN
Address	2561 WILLOW POINT WAY
City-State-Zip:	KNOXVILLE TN 37931

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: BENJAMIN BUTTERFIELD**SECRETARY****04/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date