## 2019 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M12000002850

Entity Name: EQUITAS MANAGEMENT GROUP, LLC

FILED
Jun 20, 2019
Secretary of State
8807516538CC

## **Current Principal Place of Business:**

2034 HAMILTON PLACE BLVD

SUITE 400

CHATTANOOGA, TN 37421

## **Current Mailing Address:**

2034 HAMILTON PLACE BLVD SUITE 400 CHATTANOOGA, TN 37421 US

FEI Number: 45-3587520 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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:

Address

Electronic Signature of Registered Agent Date

**MEMBER** 

Authorized Person(s) Detail:

Title CONTROLLER, AUTHORIZED Title

REPRESENTATIVE Name HALL, J. CHRISTOPHER

Name BISCHOFF, HOLLY O.

Address 2034 HAMILTON PLACE BLVD

2034 HAMILTON PLACE BLVD SUITE 400

City-State-Zip: CHATTANOOGA TN 37421

Title VICE PRESIDENT

Name POTTER, JOHN D.
Name SMITH, DREW H.

Address 2034 HAMILTON PLACE BLVD SUITE 400

SUITE 400 City-State-Zip: CHATTANOOGA TN 37421

City-State-Zip: CHATTANOOGA TN 37421

Title DIRECTOR Title MEMBER, CFO

Name MCLAUGHLIN, DAVID Name COUGHRAN , STEVEN W.

Address 2034 HAMILTON PLACE BLVD SUITE 400

2034 HAMILTON PLACE BLVD SUITE 400

City-State-Zip: CHATTANOOGA TN 37421

itle VP OF DEVELOPMENT

Title VP OF DEVELOPMENT

Name VACHON, REGGIE

Address 2034 HAMILTON PLACE BLVD

SUITE 400

City-State-Zip: CHATTANOOGA TN 37421

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 manage appears above, or on an attachment with all other like empowered.

that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HOLLY O. BISCHOFF

CONTROLLER, 06/20/2019

CONTROLLER, AUTHORIZED REPRESENTATIVE