

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000009974

Entity Name: DECISION UR, LLC**Current Principal Place of Business:**5900 N ANDREWS AVE
SUITE 1000
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5900 N ANDREWS AVE
SUITE 1000
FORT LAUDERDALE, FL 33309 US**FEI Number:** 20-8651826**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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	PRESIDENT
Name	LITTLEJOHN, KEVIN
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	TREASURER
Name	RICHARDSON, GEX
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	MANAGER
Name	CTS INFORMATION SERVICES, LLC
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	SECRETARY
Name	RICHARDSON, GEX
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

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: CTS INFORMATION SERVICES, LLC

MANAGER

05/28/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date