

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000007576

**Entity Name:** AMERICAN ROAD SERVICES COMPANY LLC

**Current Principal Place of Business:**

TAX DEPT, FORD WHQ, ROOM 612  
ONE AMERICAN ROAD  
DEARBORN, MI 48126

**Current Mailing Address:**

TAX DEPT, FORD WHQ, ROOM 612  
ONE AMERICAN ROAD  
DEARBORN, MI 48126 US

**FEI Number:** 38-1899518

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR	Title	MGR
Name	FORD MOTOR CREDIT COMPANY LLC	Name	PHILLIPS, SUZANNE M
Address	ONE AMERICAN ROAD, MD 7440	Address	ONE AMERICAN ROAD
City-State-Zip:	DEARBORN MI 48126	City-State-Zip:	DEARBORN MI 48126
Title	MGR	Title	MANAGER
Name	MCLELLAN, GEOFFREY	Name	DOMBROSKI, DAWN M.
Address	ONE AMERICAN ROAD	Address	ONE AMERICAN ROAD
City-State-Zip:	DEARBORN MI 48126	City-State-Zip:	DEARBORN MI 48126
Title	MANAGER	Title	MANAGER
Name	KOLCHINSKY, TODD	Name	HARRIS, KIRBY
Address	ONE AMERICAN ROAD	Address	ONE AMERICAN ROAD
City-State-Zip:	DEARBORN MI 48126	City-State-Zip:	DEARBORN MI 48126

*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:** SUZANNE PHILLIPS

**MANAGER**

**03/30/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date