## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000004710

Entity Name: ALEXANDER MANN CWS LLC

**Current Principal Place of Business:** 

1300 E. 9TH STREET SUITE 400

CLEVELAND, OH 44114

**Current Mailing Address:** 

1300 E. 9TH STREET SUITE 400

CLEVELAND, OH 44114 US

FEI Number: 83-4591824 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:

City-State-Zip:

City-State-Zip:

Electronic Signature of Registered Agent

Date

**FILED** Feb 23, 2023

**Secretary of State** 

4908418946CC

Authorized Person(s) Detail:

Title **MANAGER** Title MANAGER

Name LEIGH, DAVID Name REA. LISA NICOLE Address 1300 E. 9TH STREET Address 1301 E. 9TH STREET

**SUITE 1200** 

SUITE 400 CLEVELAND OH 44114 CLEVELAND OH 44114 City-State-Zip:

Title **MANAGER** Title **MANAGER** 

RODGER, MATTHEW CHARLES Name WHITTAKER, ELIZABETH ANNE Name

1300 E. 9TH STREET 1300 E. 9TH STREET Address Address

> SUITE 400 SUITE 400

CLEVELAND OH 44114 CLEVELAND OH 44114 City-State-Zip:

Title **MANAGER** Title **MEMBER** 

JONES, MARK ANDREW ALEXANDER MANN SOLUTIONS Name Name

**CORPORATION** 1300 E. 9TH STREET Address

Address 1300 E. 9TH STREET SUITE 400

SUITE 400

City-State-Zip: CLEVELAND OH 44114 City-State-Zip: CLEVELAND OH 44114

Title **MANAGER** Title **MANAGER** 

Name BROOKS, STEPHEN Name **BULL, GORDON** 1300 E. 9TH STREET Address

Address 1300 E. 9TH STREET SUITE 400

SUITE 400 CLEVELAND OH 44114

City-State-Zip: CLEVELAND OH 44114 City-State-Zip:

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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.

02/23/2023 SIGNATURE: ALEXANDER MANN SOLUTIONS CORPORATION **MEMBER** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

## **Authorized Person(s) Detail Continued:**

Title MANAGER Title MANAGER

Name STUART, GORDON Name MURNYACK, ASHLEY

Address 1300 E. 9TH STREET Address 1300 E. 9TH STREET

SUITE 400 SUITE 400

City-State-Zip: CLEVELAND OH 44114 City-State-Zip: CLEVELAND OH 44114