

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000009975

**Entity Name:** REMPRESX, LLC

**Current Principal Place of Business:**

4343 COMMERCE COURT  
SUITE 300  
LISLE, IL 60532

**Current Mailing Address:**

4343 COMMERCE COURT  
SUITE 300  
LISLE, IL 60532 US

**FEI Number:** 20-5816967

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           | MEMBER                           | Title           | MEMBER                           |
| Name            | SHONDEL, JAMES                   | Name            | REMPRESX PARTNERS, LLC           |
| Address         | 4343 COMMERCE COURT<br>SUITE 300 | Address         | 4343 COMMERCE COURT<br>SUITE 300 |
| City-State-Zip: | LISLE IL 60532                   | City-State-Zip: | LISLE IL 60532                   |

*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:** REMY DIEBES

**AUTHORIZED PERSON**

**02/15/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date