

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000004673

Entity Name: BLUE HORSESHOE SOLUTIONS, LLC**Current Principal Place of Business:**500 W. MADISON ST., 20TH FLOOR
CHICAGO, IL 60661**Current Mailing Address:**500 W. MADISON ST., 20TH FLOOR
CHICAGO, IL 60661 US**FEI Number:** 35-2151923**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 MEMBER
Name ACCENTURE INC.
Address 500 W. MADISON ST., 20TH FLOOR
City-State-Zip: CHICAGO IL 60661

Title VICE PRESIDENT - TAX
Name AWAD, SAMMY
Address 500 W. MADISON ST., 20TH FLOOR
City-State-Zip: CHICAGO IL 60661

Title T
Name KOWLES, BRIAN J
Address 500 W. MADISON ST., 20TH FLOOR
City-State-Zip: CHICAGO IL 60661

Title P
Name HOLMES, AARON
Address 500 W. MADISON ST., 20TH FLOOR
City-State-Zip: CHICAGO IL 60661

Title S
Name GOLDMAN, ROBERT F
Address 500 W. MADISON ST., 20TH FLOOR
City-State-Zip: CHICAGO IL 60661

Title VP
Name LEBOUF, LANCE MARSHALL
Address 500 W. MADISON ST., 20TH FLOOR
City-State-Zip: CHICAGO IL 60661

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: ACCENTURE INC.MEMBER, BY THERESA
FAGAN, ATTORNEY-IN-
FACT

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date