

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005649

**Entity Name:** ONVOY SPECTRUM, LLC

**Current Principal Place of Business:**

550 W ADAMS STREET, SUITE 900  
CHICAGO, IL 60661

**Current Mailing Address:**

550 W ADAMS STREET, SUITE 900  
CHICAGO, IL 60661 US

**FEI Number:** 47-3389357

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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           MANAGER  
Name           SABOO, SURENDRA  
Address        550 W ADAMS STREET, SUITE 900  
City-State-Zip: CHICAGO IL 60661

Title           MANAGER  
Name           O'HARA, EDWARD  
Address        550 W ADAMS STREET, SUITE 900  
City-State-Zip: CHICAGO IL 60661

Title           MEMBER  
Name           ONVOY, LLC  
Address        550 W ADAMS STREET, SUITE 900  
City-State-Zip: CHICAGO IL 60661

Title           CFO  
Name           WEST, BRIAN  
Address        550 W ADAMS STREET, SUITE 900  
City-State-Zip: CHICAGO IL 60661

Title           GENERAL COUNSEL AND  
                  SECRETARY (ONLY IF REQUIRED)  
Name           MONTA, RICHARD  
Address        550 W ADAMS STREET, SUITE 900  
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:** EDWARD O'HARA

**CHIEF EXECUTIVE  
OFFICER**

**04/13/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date