

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000002375

Entity Name: FLANDERS ELECTRIC MOTOR SERVICE, LLC**Current Principal Place of Business:**2701 S. COMBEE ROAD
LAKELAND, FL 33803**Current Mailing Address:**8101 BAUMGART ROAD
EVANSVILLE, IN 47725 US**FEI Number:** 35-1072135**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	CEO	Title	COO
Name	OLIVER, JOHN R	Name	RALL, PETER
Address	8101 BAUMGART ROAD	Address	8101 BAUMGART ROAD
City-State-Zip:	EVANSVILLE IN 47725	City-State-Zip:	EVANSVILLE IN 47725
Title	CFO	Title	DIRECTOR
Name	LUNSFORD, TOM	Name	WILLSON, BRENT
Address	8101 BAUMGART ROAD	Address	8725 W HIGGINS ROAD SUITE 240
City-State-Zip:	EVANSVILLE IN 47725	City-State-Zip:	CHICAGO IL 60631
Title	DIRECTOR	Title	DIRECTOR
Name	THEODORE, TEDDY	Name	NEWMAN, JOHN
Address	8725 W HIGGINS ROAD SUITE 240	Address	8725 W HIGGINS ROAD SUITE 240
City-State-Zip:	CHICAGO IL 60631	City-State-Zip:	CHICAGO IL 60631
Title	DIRECTOR	Title	DIRECTOR
Name	KIRKSON, IAN	Name	FALCON, JACK
Address	8725 W HIGGINS ROAD SUITE 240	Address	8725 W HIGGINS ROAD SUITE 240
City-State-Zip:	CHICAGO IL 60631	City-State-Zip:	CHICAGO IL 60631

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: TOM LUNSFORD**CFO****07/21/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date