

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000008099

Entity Name: GOVCIO, LLC**Current Principal Place of Business:**4000 LEGATO ROAD
SUITE 600
FAIRFAX, VA 22033**Current Mailing Address:**4000 LEGATO ROAD
SUITE 600
FAIRFAX, VA 22033 US**FEI Number:** 27-3903343**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:** STEPHANIE MILNES

04/23/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name BRABSTON, JAMES
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title PRESIDENT
Name BRABSTON, JAMES
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title CEO
Name BRABSTON, JAMES
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name BRABSTON, JAMES
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title AUTHORIZED REPRESENTATIVE
Name CORMIER, JOSEPH
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title MANAGER
Name CORMIER, JOSEPH
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title AUTHORIZED MEMBER
Name CORMIER, JOSEPH
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title TREASURER
Name CORMIER, JOSEPH
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

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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.

SIGNATURE: JOSEPH CORMIER

MANAGER

04/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title CFO
Name CORMIER, JOSEPH
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name COHADE, ARNAUD
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name VENTLING, MICHAEL
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name DESILVA, RENEE
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title SECRETARY
Name CORMIER, JOSEPH
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name DONOVAN, MICHAEL
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name NOLAN, PHIL
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033

Title DIRECTOR
Name FERRANDO, TOM
Address 4000 LEGATO ROAD
SUITE 600
City-State-Zip: FAIRFAX VA 22033