

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000000253

Entity Name: TRIDENT TECHNOLOGY SERVICES GROUP, LLC

Current Principal Place of Business:

5340 LEGACY DR., BLDG. 1, STE. 300
PLANO, TX 75024

Current Mailing Address:

5340 LEGACY DR., BLDG. 1, STE. 300
PLANO, TX 75024 US

FEI Number: 86-1255658

Certificate of Status Desired: No

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 MANAGER
Name LIFFRIG, DAVID P.
Address 5340 LEGACY DR., BLDG. 1, STE. 300
City-State-Zip: PLANO TX 75024

Title MANAGER
Name DEWING, CARROLL L
Address 5340 LEGACY DR., BLDG. 1, STE. 300
City-State-Zip: PLANO TX 75024

Title MANAGER
Name SULLIVAN, J. PATRICK JR.
Address 5340 LEGACY DR., BLDG. 1, STE. 300
City-State-Zip: PLANO TX 75024

Title MANAGER
Name BUTLER, J.C. JR.
Address 5340 LEGACY DR., BLDG. 1, STE. 300
City-State-Zip: PLANO TX 75024

Title MANAGER, AUTHORIZED
 REPRESENTATIVE
Name NEUMANN, JOHN D.
Address 5340 LEGACY DR., BLDG. 1, STE. 300
City-State-Zip: PLANO TX 75024

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: JOHN D. NEUMANN

MANAGER

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date