

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2100000257

Entity Name: FLEXASEAL ENGINEERED SEALS AND SYSTEMS, LLC

Current Principal Place of Business:

291 HURRICANE LANE
WILLISTON, VT 05495

Current Mailing Address:

291 HURRICANE LANE
WILLISTON, VT 05495 US

FEI Number: 85-3429227

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: GEOFFREY ROBERTS

04/05/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MAXWELL, JAMES B. III
Address 291 HURRICANE LANE
City-State-Zip: WILLISTON VT 05495

Title MANAGER
Name SLAUSON, ALEXANDER H.
Address 291 HURRICANE LANE
City-State-Zip: WILLISTON VT 05495

Title MANAGER
Name RANDLE, KEVIN J.
Address 291 HURRICANE LANE
City-State-Zip: WILLISTON VT 05495

Title MANAGER
Name SLAUSON, HENRY M. III
Address 291 HURRICANE LANE
City-State-Zip: WILLISTON VT 05495

Title MANAGER
Name O'DONNELL, BRIAN
Address 291 HURRICANE LANE
City-State-Zip: WILLISTON VT 05495

Title AUTHORIZED REPRESENTATIVE
Name BARUSH, ROBERT K.
Address 291 HURRICANE LANE
City-State-Zip: WILLISTON VT 05495

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: ROBERT K. BARUSH

**AUTHORIZED
REPRESENTATIVE**

04/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date