

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**

**Jan 17, 2024**

**Secretary of State**

**3645383867CC**

DOCUMENT# L08000039429

**Entity Name:** DIGITAL TAP, LLC

**Current Principal Place of Business:**

155 N WACKER DR STE 4150  
CHICAGO, IL 60606-1788

**Current Mailing Address:**

155 N WACKER DR STE 4150  
CHICAGO, IL 60606-1788 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 PATIL, SANDEEP  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER  
Name RAYASAM, CHRIS  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER  
Name GWILLIAM, SCOTT  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER  
Name GERNANT , ERIK  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER  
Name RANGASWAMY, MAVANUR GOVINDRAJ  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER  
Name SCHWARTZ , ZINA  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

Title MANAGER  
Name SHIMANEK , MINDY  
Address 155 N WACKER DR STE 4150  
City-State-Zip: CHICAGO IL 60606-1788

*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:** SANDEEP PATIL

**MANAGER**

**01/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date