

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000098185

**Entity Name:** NS3 SOFTWARE SOLUTIONS, LLC**Current Principal Place of Business:**855 SW 78TH AVENUE  
SUITE C100  
PLANTATION, FL 33324**Current Mailing Address:**13034 BALLANTYNE CORPORATE PL  
CHARLOTTE, NC 28277 US**FEI Number:** 80-0782675**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
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 VP  
Name RAFFALO, ROBERT  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title MANAGER  
Name MOLONEY, MICHAEL  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title MANAGER  
Name MCKASSON, CRAIG  
Address 13034 BALLANTYNE CORPORATE  
PLACE  
City-State-Zip: CHARLOTTE NC 28277

Title PRESIDENT / CEO  
Name ISAAK, GREG  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title COO  
Name RAFFALO, ROBERT  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title CHAIRMAN  
Name MOLONEY, MICHAEL  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title MANAGER  
Name PRICE, KELLI  
Address 13034 BALLANTYNE CORPORATE  
PLACE  
City-State-Zip: CHARLOTTE NC 28277

Title VP  
Name CASTILLO, SUSAN  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

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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:** ANNA-MARIE FORREST**SECRETARY****04/04/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title SECRETARY  
Name FORREST, ANNA-MARIE  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title ASST TREASURER  
Name STEIN, LISA  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title TREASURER / CFO  
Name MCKASSON, CRAIG  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324

Title ASST TREASURER  
Name ROSE, DOROTHY GENTRY  
Address 855 SW 78TH AVENUE  
SUITE C100  
City-State-Zip: PLANTATION FL 33324