

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000248406

Entity Name: MISSION CRITICAL SYSTEMS, LLC**Current Principal Place of Business:**6499 POWERLINE ROAD
SUITE 101
FORT LAUDERDALE, FL 33309**Current Mailing Address:**6499 POWERLINE ROAD
SUITE 101
FORT LAUDERDALE, FL 33309 US**FEI Number:** 65-0736750**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALSH, STEVEN
6499 POWERLINE ROAD
SUITE 101
FORT LAUDERDALE, FL 33309 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	VELLANKI, SRAVAN
Address	5655 PEACHTREE PKWY, STE 235
City-State-Zip:	NORCROSS GA 30092

Title	CPA
Name	VALIS, YIORYOS
Address	1347 EAST SAMPLE ROAD
City-State-Zip:	POMPANO BEACH FL 33064

Title	AMBR
Name	MITRA, KIN
Address	5655 PEACHTREE PKWY SUITE 220
City-State-Zip:	NORCROSS GA 30092

Title	AMBR
Name	WALSH, STEVEN
Address	6499 POWERLINE ROAD SUITE 101
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PRESIDENT, MANAGER, AUTHORIZED MEMBER
Name	CLEMISHAW, THOMAS JOHN JR.
Address	2237 HARDING ST FRNT
City-State-Zip:	HOLLYWOOD FL 33020

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: SRAVAN VELLANKI

MANAGER

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date