

2024 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:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** JILL CILMI

01/25/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name VELLANKI, SRAVAN
Address 5655 PEACHTREE PKWY
SUITE 235
City-State-Zip: NORCROSS GA 30092

Title CPA
Name VALIS, YIORYOS
Address 6499 POWERLINE ROAD
SUITE 101
City-State-Zip: FORT LAUDERDALE FL 33309

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

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

Title COMMERICAL CONTRACTS
MANAGER
Name WOODWARD, KIMBERLY
Address 6499 POWERLINE ROAD
SUITE 101
City-State-Zip: FORT LAUDERDALE FL 33309

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: YIORYOS VALIS

CPA

01/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date