

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000322950

**Entity Name:** CAVALRY SUPPORT SYSTEMS LLC

**Current Principal Place of Business:**

6109 BORDERLINE DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

6109 BORDERLINE DRIVE  
TALLAHASSEE, FL 32312 UN

**FEI Number:** 85-3560149

**Certificate of Status Desired:** No

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

BAINES, TROY  
422 NE 31ST ST  
BOCA RATON, FL 33431 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 COO  
Name BAINES, TRENT D  
Address 9390 HARDIN RD  
City-State-Zip: COLORADO SPRINGS CO 80908

Title CFO  
Name HAWKINS, THOMAS  
Address 6109 BORDERLINE DR  
City-State-Zip: TALLAHASSEE FL 32312

Title COO  
Name BAINES, TROY D  
Address 422 NE 31ST ST  
City-State-Zip: BOCA RATON FL 33431

*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:** TROY BAINES

COO

02/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date