

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000480143

Entity Name: MICROCHIP USA LLC**Current Principal Place of Business:**4511 N HIMES AVE
SUITE 100
TAMPA, FL 33614**Current Mailing Address:**4511 N HIMES AVE
SUITE 100
TAMPA, FL 33614 US**FEI Number:** 87-3570996**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TOMA, TREVOR
4511 N HIMES AVE
SUITE 100
TAMPA, FL 33614 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:** TREVOR ORLANDO TOMA

04/28/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, MBR
Name MICROCHIP VENDING, LLC
Address 100 SOUTH ASHLEY DRIVE
SUITE 600
City-State-Zip: TAMPA FL 33602

Title MGR
Name YXM ENTERPRISE LLC
Address 1808 N LINCOLN AVE
City-State-Zip: TAMPA FL 33607

Title MBR
Name RALPHS MICROCHIPS LLC
Address 11007 SUMMER DR
City-State-Zip: TAMPA FL 33624

Title MBR
Name APEX LEADERSHIP 27 LLC
Address 160 W TYLER ST
UNIT 710
City-State-Zip: TAMPA FL 33602

Title MBR
Name LONESTAR LIMITED, LLC
Address 1834 ELAINE DR
City-State-Zip: CLEARWATER FL 33760

Title MBR
Name MAUI CONSULTING, LLC
Address 1808 N LINCOLN AVE
City-State-Zip: TAMPA FL 33607

Title MBR
Name PROBLEM SOLVING CONSULANTS
LLC
Address 1808 N LINCOLN AVE
City-State-Zip: TAMPA FL 33607

Title MBR
Name BT BROKERS, LLC
Address 5724 HARDING BLVD NE
City-State-Zip: SAINT PETERSBURG FL 33703

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: TREVOR TOMA**REGISTERED AGENT**

04/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date