

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000310888

**Entity Name:** 5X5 CYBER SOLUTIONS LLC

**Current Principal Place of Business:**

1625 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1625 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308

**FEI Number:** 93-2118844

**Certificate of Status Desired:** No

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

RICHARDSON, SHARON C  
1625 METROPOLITAN CIRCLE  
TALLAHASSEE, FL 32308 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	MGR	Title	MGR
Name	HARRELL, MALLORY R	Name	NESSI, DOMINIC
Address	319 ROSEHILL DR E	Address	11405 OGDEN MILLS DR UNIT 103
City-State-Zip:	TALLAHASSEE FL 32312	City-State-Zip:	LAS VEGAS NV 89135

*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:** MALLORY HARRELL

**MANAGER**

**04/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date