

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M02000002898

**Entity Name:** NETWORK SUPPORT COMPANY, LLC

**Current Principal Place of Business:**

7 KENOSIA AVENUE  
DANBURY, CT 06810

**Current Mailing Address:**

7 KENOSIA AVENUE  
DANBURY, CT 06810 US

**FEI Number: 06-1459127**

**Certificate of Status Desired: No**

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

CT CORPORATION SYSTEM  
1780 WELHAM STREET  
APT 429  
ORLANDO, FL 32814 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           MICHELLE, ACCARDI  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           CLAUDIO, CHRISTOPHER  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           CONEY, MICHAEL  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           GRAHAM, NANCY  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           POWERLL, KEN  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           SCHLACHET, LOREN J.  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           TATARINOV, KIRILL  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

Title           MANAGER  
Name           WILLIAMS, MICHAEL  
Address        7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810

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*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: KARL NOONE**

**CHIEF FINANCIAL  
OFFICER**

**02/27/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title CFO  
Name NOONE, KARL  
Address 7 KENOSIA AVENUE  
City-State-Zip: DANBURY CT 06810