2024 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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1780 WELHAM STREET APT 429 ORLANDO, FL 32814 US FILED Apr 04, 2024 Secretary of State 2428023276CC

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	ACCARDI, MICHELLE	Name	CLAUDIO, CHRISTOPHER
Address	7 KENOSIA AVENUE	Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810	City-State-Zip:	DANBURY CT 06810
Title	MANAGER	Title	MANAGER
Name	CONEY, MICHAEL	Name	GRAHAM, NANCY
Address	7 KENOSIA AVENUE	Address	7 KENOSIA AVENUE
City-State-Zip:	DANBURY CT 06810	City-State-Zip:	DANBURY CT 06810
Title	MANAGER	Title	MANAGER
Title Name	MANAGER POWELL, KEN	Title Name	MANAGER SCHLACHET, LOREN J.
			-
Name	POWELL, KEN	Name	SCHLACHET, LOREN J.
Name Address City-State-Zip:	POWELL, KEN 7 KENOSIA AVENUE DANBURY CT 06810	Name Address	SCHLACHET, LOREN J. 7 KENOSIA AVENUE
Name Address City-State-Zip: Title	POWELL, KEN 7 KENOSIA AVENUE DANBURY CT 06810 MANAGER	Name Address City-State-Zip:	SCHLACHET, LOREN J. 7 KENOSIA AVENUE DANBURY CT 06810
Name Address City-State-Zip: Title Name	POWELL, KEN 7 KENOSIA AVENUE DANBURY CT 06810 MANAGER TATARINOV, KIRILL	Name Address City-State-Zip: Title	SCHLACHET, LOREN J. 7 KENOSIA AVENUE DANBURY CT 06810 MANAGER
Name Address City-State-Zip: Title	POWELL, KEN 7 KENOSIA AVENUE DANBURY CT 06810 MANAGER TATARINOV, KIRILL 7 KENOSIA AVENUE	Name Address City-State-Zip: Title Name	SCHLACHET, LOREN J. 7 KENOSIA AVENUE DANBURY CT 06810 MANAGER WILLIAMS, MICHAEL

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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 04/ OFFICER

04/04/2024

Date

Electronic Signature of Signing Authorized Person(s) Detail

Authorized Person(s) Detail Continued :

CFO	
NOONE, KARL	
7 KENOSIA AVENUE	
DANBURY CT 06810	