

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004475

**Entity Name:** NEXSPRING GROUP, LLC

**Current Principal Place of Business:**

10805 SUNSET OFFICE SUITE, SUITE 300  
ST. LOUIS, MO 63127

**Current Mailing Address:**

10805 SUNSET OFFICE SUITE, SUITE 300  
ST. LOUIS, MO 63127

**FEI Number:** 20-8034210

**Certificate of Status Desired:** No

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

NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
TALLAHASSEE, FL 32301 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           THORNBERRY, RICHARD G  
Address        10805 SUNSET OFFICE SUITE, SUITE  
                  300  
City-State-Zip: ST. LOUIS MO 63127

Title           MANAGER  
Name           FABIAN, MICHAEL J.  
Address        10805 SUNSET OFFICE SUITE, SUITE  
                  300  
City-State-Zip: ST. LOUIS MO 63127

Title           MANAGER  
Name           GARRITY, HELEN B.  
Address        10805 SUNSET OFFICE SUITE, SUITE  
                  300  
City-State-Zip: ST. LOUIS MO 63127

*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:** RICHARD G. THORNBERRY

MANAGER

02/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date