

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005927

Entity Name: EZETOP LLC**Current Principal Place of Business:**

BELL WORKS, 101 CRAWFORDS CORNER ROAD
HOLMDEL TOWNSHIP, MONMOUTH COUNTY SUITE 4-116
MONMOUTH COUNTY, NJ 07733

Current Mailing Address:

3 SHELBOURNE BUILDINGS CRAMPTON AVENUE
DUBLIN, D04C2Y6 IE

FEI Number: 27-4946499**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

INCorp SERVICES, INC.
3458 LAKESHORE DRIVE
TALLAHASSEE, FL 32312 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 CEO, DIRECTOR, AUTHORIZED REPRESENTATIVE
Name O'DONOGHUE, MARK
Address 3 SHELBOURNE BUILDINGS CRAMPTON AVENUE
City-State-Zip: DUBLIN D04C2Y6

Title DIRECTOR, AUTHORIZED REPRESENTATIVE
Name SAVERY, DEAN
Address 3 SHELBOURNE BUILDINGS CRAMPTON AVENUE
City-State-Zip: DUBLIN D04C2Y6

Title MGR
Name EZETOP UNLIMITED COMPANY
Address 3 SHELBOURNE BUILDINGS CRAMPTON AVENUE
City-State-Zip: DUBLIN D04C2Y6

Title DIRECTOR, AUTHORIZED REPRESENTATIVE
Name HORGAN, PADRAIG
Address 3 SHELBOURNE BUILDINGS CRAMPTON AVENUE
City-State-Zip: DUBLIN D04C2Y6

Title CFO, AUTHORIZED REPRESENTATIVE
Name DUFFY, PAUL
Address 3 SHELBOURNE BUILDINGS CRAMPTON AVENUE
City-State-Zip: DUBLIN D04C2Y6

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: PAUL DUFFY

CFO

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date