

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000003138

Entity Name: CYBERSPACE SOLUTIONS, LLC**Current Principal Place of Business:**12015 LEE JACKSON HWY
SUITE 400
FAIRFAX, VA 22033**Current Mailing Address:**12015 LEE JACKSON HWY
SUITE 400
FAIRFAX, VA 22033 US**FEI Number:** 26-2059568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 SUNDLING, TOM
Address 12015 LEE JACKSON HWY
SUITE 400
City-State-Zip: FAIRFAX VA 22033

Title MANAGER
Name DOLAN, JIM
Address 12015 LEE JACKSON HWY
SUITE 400
City-State-Zip: FAIRFAX VA 22033

Title MANAGER
Name LINTHICUM, TIM
Address 12015 LEE JACKSON HWY
SUITE 400
City-State-Zip: FAIRFAX VA 22033

Title MANAGER
Name BURRELL, TOM
Address 12015 LEE JACKSON HWY
SUITE 400
City-State-Zip: FAIRFAX VA 22033

Title MANAGER
Name GOODFRIEND, JASON
Address 12015 LEE JACKSON HWY
SUITE 400
City-State-Zip: FAIRFAX VA 22033

Title CFO
Name KIRKLAND, JONATHAN
Address 12015 LEE JACKSON HWY
SUITE 400
City-State-Zip: FAIRFAX VA 22033

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: JONATHAN KIRKLAND

CFO

04/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date