

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000003140

**Entity Name:** APTIM FEDERAL SERVICES, LLC

**Current Principal Place of Business:**

1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
BATON ROUGE, LA 70802

**Current Mailing Address:**

1200 BRICKYARD LANE  
ATTN: MELISSA HARRELL SUITE 202  
BATON ROUGE, LA 70802 US

**FEI Number:** 41-2042864

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           TREASURER  
Name           LOWE, BRADLEY  
Address        1200 BRICKYARD LANE  
                  ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title           PRESIDENT  
Name           WEAKLEY, ALAN  
Address        4171 ESSEN LANE  
                  ATTN: MELISSA HARRELL  
City-State-Zip: BATON ROUGE LA 70809

Title           VP  
Name           DEANE, WILLIAM  
Address        1200 BRICKYARD LANE  
                  ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

Title           SECRETARY  
Name           BASS, WADE  
Address        1200 BRICKYARD LANE  
                  ATTN: MELISSA HARRELL SUITE 202  
City-State-Zip: BATON ROUGE LA 70802

*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:** WADE BASS

**SECRETARY**

**04/29/2024**

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

\_\_\_\_\_  
Date