

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400002082

Entity Name: SABEL SYSTEMS TECHNOLOGY SOLUTIONS, LLC

Current Principal Place of Business:

2290 LAKEVIEW DRIVE
SUITE D
BEAVERCREEK, OH 45431

Current Mailing Address:

2290 LAKEVIEW DRIVE
SUITE D
BEAVERCREEK, OH 45431 US

FEI Number: NOT APPLICABLE

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 ISIDORO, AILEEN MARIE
Address 2290 LAKEVIEW DRIVE
 SUITE D
City-State-Zip: BEAVERCREEK OH 45431

Title MANAGER
Name AMSELMO UY, JOHN JAMES
Address 2290 LAKEVIEW DRIVE
 SUITE D
City-State-Zip: BEAVERCREEK OH 45431

Title MANAGER
Name TDI VENTURES, LLC
Address 2290 LAKEVIEW DRIVE
 SUITE D
City-State-Zip: BEAVERCREEK OH 45431

Title MEMBER
Name KINYON, DOUGLAS
Address 2290 LAKEVIEW DRIVE
 SUITE D
City-State-Zip: BEAVERCREEK OH 45431

Title MEMBER
Name SHARBAUGH, CHRISTOPHER
Address 2290 LAKEVIEW DRIVE
 SUITE D
City-State-Zip: BEAVERCREEK OH 45431

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: CATHY GOIN

AUTHORIZED PERSON

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date