

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500002742

**Entity Name:** IAP C4ISR, LLC

**Current Principal Place of Business:**

7315 NORTH ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920

**Current Mailing Address:**

7315 NORTH ATLANTIC AVENUE  
CAPE CANAVERAL, FL 32920 US

**FEI Number:** 47-3706441

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 ASST. SECRETARY  
Name TREPANIER, MICHELLE  
Address 7315 NORTH ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title TREASURER  
Name KLEM, LAURIE  
Address 7315 N. ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title SECRETARY  
Name MONOKIAN, DUSTIN  
Address 7315 N. ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title CHAIRMAN, MANAGER  
Name DEWITT, BRENDON  
Address 7315 NORTH ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER  
Name HOYT, MARK  
Address 7315 NORTH ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

Title MANAGER  
Name HOFFER, WILLIAM II  
Address 7315 NORTH ATLANTIC AVENUE  
City-State-Zip: CAPE CANAVERAL FL 32920

*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:** MICHELLE TREPANIER

**ASST SECRETARY**

**04/27/2022**

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

\_\_\_\_\_  
Date