

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1500008024

**Entity Name:** APPEXTREMES, LLC

**Current Principal Place of Business:**

13699 VIA VARRA  
BROOMFIELD, CO 80020

**Current Mailing Address:**

13699 VIA VARRA  
BROOMFIELD, CO 80020 US

**FEI Number:** 20-8433474

**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           MANAGER  
Name           PINKERTON, ROBERT  
Address        54 MONUMENT CIRCLE  
                  SUITE 700  
City-State-Zip: INDIANAPOLIS IN 46204

Title           MANAGER  
Name           APPEXTREMES GROUP HOLDINGS,  
                  LLC  
Address        13699 VIA VARRA  
City-State-Zip: BROOMFIELD CO 80020

Title           MANAGER  
Name           GOGGIN, NOEL  
Address        54 MONUMENT CIRCLE  
                  SUITE 700  
City-State-Zip: INDIANAPOLIS IN 46204

*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:** NOEL GOGGIN

**MANAGER**

**04/08/2024**

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

\_\_\_\_\_  
Date