

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010921

**Entity Name:** EWA WARRIOR SERVICES LLC

**Current Principal Place of Business:**

13873 PARK CENTER ROAD #500  
HERNDON, VA 20171

**Current Mailing Address:**

13873 PARK CENTER ROAD #500  
HERNDON, VA 20171 US

**FEI Number:** 27-1664486

**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 C  
Name GUERRERI, CARL  
Address 13873 PARK CENTER ROAD #500  
City-State-Zip: HERNDON VA 20171

Title S  
Name MCNALLY, BRIAN  
Address 13873 PARK CENTER ROAD #500  
City-State-Zip: HERNDON VA 20171

Title P  
Name MORGAN, JEFF  
Address 13873 PARK CENTER ROAD #500  
City-State-Zip: HERNDON VA 20171

Title ATTORNEY  
Name LUXFORD, STEVE N.  
Address 39 W BLAKELEY DRIVE  
City-State-Zip: CHARLES TOWN WV 25414

*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:** STEVE N. LUXFORD

**ATTORNEY**

**04/24/2018**

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

\_\_\_\_\_  
Date