

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000004082

**Entity Name:** LINXON US LLC

**Current Principal Place of Business:**

901 MAIN CAMPUS DRIVE, SUITE 210  
RALEIGH, NC 27606

**Current Mailing Address:**

901 MAIN CAMPUS DRIVE, SUITE 210  
RALEIGH, NC 27606 US

**FEI Number: 38-4078093**

**Certificate of Status Desired: No**

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

CORPORATE CREATIONS NETWORK, INC.  
801 US HIGHWAY 1  
NORTH PALM BEACH, FL 33408 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 MGR, CFO  
Name GETCHELL, ANDREA  
Address 901 MAIN CAMPUS DRIVE, SUITE 210  
City-State-Zip: RALEIGH NC 27606

Title MGR, PRESIDENT  
Name NICOLAS, ALEXANDER  
Address 901 MAIN CAMPUS DRIVE, SUITE 210  
City-State-Zip: RALEIGH NC 27606

Title MGR, SECRETARY  
Name EDGAR, IV, C. ERNEST  
Address 901 MAIN CAMPUS DRIVE, SUITE 210  
City-State-Zip: RALEIGH NC 27606

*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: C. ERNEST EDGAR, IV**

**MGR, SECRETARY, BY 03/26/2021  
LAUREN DUEMIG,  
ATTORNEY-IN-FACT**

Electronic Signature of Signing Authorized Person(s) Detail

Date