

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000005881

Entity Name: NAM-SDI, LLC**Current Principal Place of Business:**5340 LEGACY DR.
BLDG 1, STE 300
PLANO, TX 75024**Current Mailing Address:**5340 LEGACY DR.
BLDG 1, STE 300
PLANO, TX 75024 US**FEI Number:** 83-1041548**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	BERRY, PHILLIP N
Address	11700 N.W. 101 ROAD SUITE 19
City-State-Zip:	MEDLEY FL 33178

Title	MANAGER
Name	BUTLER, J.C. JR
Address	5340 LEGACY DR. BLDG 1, STE 300
City-State-Zip:	PLANO TX 75024

Title	MANAGER, SECRETARY
Name	NEUMANN, JOHN D
Address	5340 LEGACY DR. BLDG 1, STE 300
City-State-Zip:	PLANO TX 75024

Title	MANAGER
Name	DEWING, CARROLL L
Address	5340 LEGACY DR. BLDG 1, STE 300
City-State-Zip:	PLANO TX 75024

Title	MANAGER
Name	SULLIVAN, J. PATRICK JR
Address	5340 LEGACY DR. BLDG 1, STE 300
City-State-Zip:	PLANO TX 75024

Title	TREASURER
Name	DALE, ERIC A.
Address	5340 LEGACY DR. BLDG 1, STE 300
City-State-Zip:	PLANO TX 75024

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: CARROLL L. DEWING

MANAGER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date