

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000007298

Entity Name: SIP.US LLC

Current Principal Place of Business:

12725 MORRIS ROAD
SUITE 420
ALPHARETTA, GA 30004

Current Mailing Address:

12725 MORRIS ROAD
SUITE 420
ALPHARETTA, GA 30004 US

FEI Number: 45-5388582

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	MGR, VP	Title	MGR, PRESIDENT, SECRETARY
Name	KLEIN, JESSE	Name	KORNMANN, BRIAN R
Address	12725 MORRIS ROAD SUITE 420	Address	12725 MORRIS ROAD SUITE 420
City-State-Zip:	ALPHARETTA GA 30004	City-State-Zip:	ALPHARETTA GA 30004
Title	MGR	Title	MGR
Name	CUNNINGHAM, JOHN P	Name	AHEARN, JR, FRANCIS X
Address	12725 MORRIS ROAD SUITE 420	Address	12725 MORRIS ROAD SUITE 420
City-State-Zip:	ALPHARETTA GA 30004	City-State-Zip:	ALPHARETTA GA 30004
Title	MGR, CEO	Title	MGR, VP
Name	BLOSS, GEOFFREY	Name	DUNN, ROBERT C
Address	12725 MORRIS ROAD SUITE 420	Address	12725 MORRIS ROAD SUITE 420
City-State-Zip:	ALPHARETTA GA 30004	City-State-Zip:	ALPHARETTA GA 30004
Title	CFO	Title	TREASURER
Name	FECHTER, DOUGLAS	Name	BOROW, ELIZABETH R
Address	12725 MORRIS ROAD SUITE 420	Address	12725 MORRIS ROAD SUITE 420
City-State-Zip:	ALPHARETTA GA 30004	City-State-Zip:	ALPHARETTA GA 30004

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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: EILEEN COHAN

ASSISTANT SECRETARY 04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name COHAN, EILEEN
Address 12725 MORRIS ROAD
SUITE 420
City-State-Zip: ALPHARETTA GA 30004