

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000009396

Entity Name: SODEXO REMOTE SITES LLC**Current Principal Place of Business:**915 MEETING STREET
NORTH BETHESDA, MD 20852**Current Mailing Address:**PO BOX 352
BUFFALO, NY 14240 US**FEI Number:** 06-1629405**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 MBR
Name SODEXO OPERATIONS, LLC
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VP, ASSISTANT SECRETARY
Name MORSE, THOMAS
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VP
Name WOOLBRIGHT JACKSON, JENNIFER
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title SECRETARY
Name MCGLOCKTON, JOAN
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title P
Name MISTRY, SAROSH
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VP
Name BAHETY, ROHIT
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title VP, T
Name BLASS, MARC
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852

Title ASSISTANT SECRETARY
Name STEELE, GREG
Address 400 AIRBORNE DRIVE
City-State-Zip: CHEEKTOWAGA NY 14225

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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: GREG STEELE

ASSISTANT SECRETARY 04/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name SCHWEICKERT, ROBERT
Address 400 AIRBORNE DRIVE
City-State-Zip: CHEEKTOWAGA NY 14225

Title ASSISTANT TREASURER
Name BROCK, PAUL
Address 915 MEETING STREET
City-State-Zip: NORTH BETHESDA MD 20852