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: CHRIS ROACH

MANAGER

04/18/2024

Date

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2000007454

Entity Name: SQUAN CONSTRUCTION SERVICES LLC

## **Current Principal Place of Business:**

193 VETERANS BOULEVARD CARLSTADT, NJ 07072

## **Current Mailing Address:**

193 VETERANS BOULEVARD CARLSTADT, NJ 07072 US

## FEI Number: 20-4224437

## 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	: AMANDA ROBINSON			04/18/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MANAGER	Title	MANAGER	
Name	ROACH , CHRIS	Name	MCGLINCH , KEVIN	
Address	785 WOBURN STREET	Address	193 VETERANS BOULEVARD	
City-State-Zip:	WILMINGTON MA 01887	City-State-Zip:	CARLSTADT NJ 07072	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 18, 2024 Secretary of State 9188169803CC

Certificate of Status Desired: No