

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000011942

Entity Name: NEXTANT LLC

Current Principal Place of Business:

1400 BROADFIELD BLVD., STE. 200
HOUSTON, TX 77084

Current Mailing Address:

1400 BROADFIELD BLVD., STE. 200
HOUSTON, TX 77084

FEI Number: 26-2155202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: C T CORPORATION SYSTEM

02/25/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name ROZO, LINA
Address 1400 BROADFIELD BLVD., STE. 200
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name CAPRARULO, PABLO
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name CORTES, SILVIA
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name FRANCO, WALTHER
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name OSORIO, CATALINA
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name SAMUDIO, ERNESTO
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name SILVA, NATALIA
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

Title MANAGER
Name VILLAVECES, XIMENA
Address 1400 BROADFIELD BLVD
City-State-Zip: HOUSTON TX 77084

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: ROZO , LINA

MANAGER

02/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date