

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M2100000905

Entity Name: APPLIED TECHNICAL SERVICES, LLC

Current Principal Place of Business:

1049 TRIAD CT.
MARIETTA, GA 30062

Current Mailing Address:

1049 TRIAD CT.
MARIETTA, GA 30062

FEI Number: NOT APPLICABLE

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 LUTTRELL , ROBERT
Address 1049 TRIAD CT.
City-State-Zip: MARIETTA GA 30062

Title MANAGER
Name MCLLWAIN, J. MICHAEL
Address 1049 TRIAD CT.
City-State-Zip: MARIETTA GA 30062

Title MANAGER
Name SAXON , JAMES
Address 1049 TRIAD CT.
City-State-Zip: MARIETTA GA 30062

Title MANAGER
Name WARREN , BRIAN
Address 1049 TRIAD CT.
City-State-Zip: MARIETTA GA 30062

Title MANAGER
Name VORWALD , CHRISTOPHER
Address 1049 TRIAD CT.
City-State-Zip: MARIETTA GA 30062

Title MANAGER
Name WICKSTROM , CRYSTAL
Address 1049 TRIAD CT.
City-State-Zip: MARIETTA GA 30062

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: CRYSTAL WICKSTROM

MANAGER

03/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date