

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000001628

Entity Name: SPRINTCOM LLC**Current Principal Place of Business:**12920 SE 38TH ST.
BELLEVUE, WA 98006**Current Mailing Address:**12920 SE 38TH ST.
BELLEVUE, WA 98006 US**FEI Number:** 48-1187511**Certificate of Status Desired:** Yes**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	Title	MBR
Name	OSVALDIK, PETER	Name	SPRING COMMUNICATIONS LLC
Address	12920 SE 38TH ST.	Address	12920 SE 38TH ST.
City-State-Zip:	BELLEVUE WA 98006	City-State-Zip:	BELLEVUE WA 98006
Title	CHIEF COMPLIANCE OFFICER	Title	VP
Name	WERBLOW, DAVID	Name	BERNDT, KELLIE
Address	12920 SE 38TH ST.	Address	12920 SE 38TH ST.
City-State-Zip:	BELLEVUE WA 98006	City-State-Zip:	BELLEVUE WA 98006
Title	VP	Title	CONTROLLER
Name	WEIANS, LARRY	Name	BAZZANO, DARA
Address	12920 SE 38TH ST.	Address	12920 SE 38TH ST.
City-State-Zip:	BELLEVUE WA 98006	City-State-Zip:	BELLEVUE WA 98006
Title	SECRETARY	Title	ASSISTANT SECRETARY
Name	HODDER, BROADY	Name	MILLER, CHRISTOPHER
Address	12920 SE 38TH ST.	Address	12920 SE 38TH ST.
City-State-Zip:	BELLEVUE WA 98006	City-State-Zip:	BELLEVUE WA 98006

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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: DAVID WERBLOW**CHIEF COMPLIANCE
OFFICER****04/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name WILLIAMS, FREDERICK
Address 12920 SE 38TH ST.
City-State-Zip: BELLEVUE WA 98006

Title AUTHORIZED SIGNATORY
Name GRAY, JASON
Address 12920 SE 38TH ST.
City-State-Zip: BELLEVUE WA 98006

Title ASSISTANT TREASURER
Name THORSTEINSSON, JOHANNES
Address 12920 SE 38TH ST.
City-State-Zip: BELLEVUE WA 98006

Title AUTHORIZED SIGNATORY
Name THACKER, DAVID
Address 12920 SE 38TH ST.
City-State-Zip: BELLEVUE WA 98006