

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000017414

Entity Name: MINDTRIC LLC

Current Principal Place of Business:

6600 N ANDREWS AVE
FT. LAUDERDALE, FL 33309

Current Mailing Address:

6600 N ANDREWS AVE
FT. LAUDERDALE, FL 33309 US

FEI Number: 88-3335836

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 MEMBER
Name OAK NETWORK, L.P.
Address 6600 N ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT SECRETARY, ASSISTANT VICE PRESIDENT
Name JONES, KATHLEEN M
Address 6600 N ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY
Name WALKER, JOHN
Address 6600 N ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT SECRETARY
Name MILLIGAN, CARA
Address 6600 N ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309

Title CHIEF FINANCIAL OFFICER
Name OCAR, CHEQUER
Address 6600 N ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309

Title CHIEF EXECUTIVE OFFICER
Name HALIGMAN, RONNIE
Address 6600 N ANDREWS AVE
City-State-Zip: FT. LAUDERDALE FL 33309

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: KATHLEEN M. JONES

ASSISTANT SECRETARY 04/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date