

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017414

**Entity Name:** MINDTRIC LLC

**Current Principal Place of Business:**

6600 N ANDREWS AVE SUITE 120  
FT. LAUDERDALE, FL 33309

**Current Mailing Address:**

6600 N ANDREWS AVE SUITE 120  
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 OAC NETWORK, L.P.  
Address 6600 N ANDREWS AVE SUITE 120  
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT SECRETARY, ASSISTANT VICE PRESIDENT  
Name JONES, KATHLEEN M  
Address 6600 N ANDREWS AVE SUITE 120  
City-State-Zip: FT. LAUDERDALE FL 33309

Title SECRETARY  
Name WALKER, JOHN  
Address 6600 N ANDREWS AVE SUITE 120  
City-State-Zip: FT. LAUDERDALE FL 33309

Title ASSISTANT SECRETARY  
Name MILLIGAN, CARA  
Address 6600 N ANDREWS AVE SUITE 120  
City-State-Zip: FT. LAUDERDALE FL 33309

Title CHIEF FINANCIAL OFFICER  
Name OCAR, CHEQUER  
Address 6600 N ANDREWS AVE SUITE 120  
City-State-Zip: FT. LAUDERDALE FL 33309

Title CHIEF EXECUTIVE OFFICER  
Name HALIGMAN, RONNIE  
Address 6600 N ANDREWS AVE SUITE 120  
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** 04/23/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date