

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000001202

**Entity Name:** MITRES SERVICES, LLC

**Current Principal Place of Business:**

5340 LEGACY DR., STE. 300  
PLANO, TX 75024

**Current Mailing Address:**

5340 LEGACY DR., STE. 300  
PLANO, TX 75024 US

**FEI Number:** 92-1995158

**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 ANDERSON, ERIC S  
Address 5340 LEGACY DR., STE. 300  
City-State-Zip: PLANO TX 75024

Title MANAGER  
Name SULLIVAN, J. PATRICK JR.  
Address 5340 LEGACY DR., STE. 300  
City-State-Zip: PLANO TX 75024

Title MANAGER  
Name BUTLER JR., J. C.  
Address 5340 LEGACY DR., STE. 300  
City-State-Zip: PLANO TX 75024

Title MANAGER  
Name DEWING, CARROLL L  
Address 5340 LEGACY DR., STE. 300  
City-State-Zip: PLANO TX 75024

Title MANAGER  
Name NEUMANN, JOHN D.  
Address 5340 LEGACY DR., STE. 300  
City-State-Zip: PLANO TX 75024

Title MEMBER  
Name MITIGATION RESOURCES OF NORTH AMERICA, LLC  
Address 5340 LEGACY DR., STE. 300  
City-State-Zip: PLANO TX 75024

*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:** JOHN D. NEUMANN

**MANAGER**

**02/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date