2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000009405

Entity Name: CHAMELEON CONSULTING GROUP, LLC

Current Principal Place of Business:

505 HUNTMAR PARK DR., STE. 160

HERNDON, VA 20170

Current Mailing Address:

505 HUNTMAR PARK DR., STE. 160 HERNDON. VA 20170 US

FEI Number: 81-4718993

Name and Address of Current Registered Agent:

FILEJET INC. 625 E. TWIGGS ST., STE. 110 TAMPA, FL 33602 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Feb 20, 2024

Secretary of State

6602892144CC

Certificate of Status Desired: No

RESTON VA 20191

City-State-Zip:

Authorized Person(s) Detail :

Title MGR Title MGR

Name WILLIAMS, BYRON Name BERZINS, TIM

Address 817 KENNETH PLACE SE Address 860 CHILDS POINT RD.

City-State-Zip: LEESBURG VA 90175 City-State-Zip: ANNAPOLIS MD 21401

Title MANAGER Title MANAGER

Name BUTLER, ANTOINE Name CABE, ADAM

Address 4444 N FLAGLER DR Address 2506 PEGASUS LN

44441108

HILLSBORO VA 20132

City-State-Zip: WEST PALM BEACH FL 33407

Title MANAGER

Title MANAGER

Name DAVINROY, JUSTIN

Address 11407 HARPERS FERRY RD Address 303 HELEN CT

City-State-Zip: STERLING VA 20164

Title MANAGER

Title MANAGER

Name WERTHER, JOSEPH
Name JABBOUR, MARC Address 4511 DEMBY DR
Address 2501 FREETOWN DR City-State-Zip: FAIRFAX VA 22032

City-State-Zip: RESTON VA 20191

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: BYRON WILLIAMS MANAGER 02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date