2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000017813

Entity Name: EQUIX ENERGY SERVICES, LLC

Current Principal Place of Business:

32410 BLUE STAR HWY MIDWAY, FL 32343

Current Mailing Address:

32410 BLUE STAR HWY MIDWAY, FL 32343 US

FEI Number: 05-0597917 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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: KAITY TOON, ASSISTANT SECRETARY 02/09/2024

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2024

Secretary of State

0972621736CC

Authorized Person(s) Detail :

Title **MEMBER** Title **PRESIDENT**

EQUIX HOLDINGS, INC. Name Name ATKIN, NICHOLAS

46 S. ROLLING MEADOWS DRIVE Address 46 S. ROLLING MEADOWS DR. Address

City-State-Zip: FOND DU LAC WI 54937 FOND DU LAC WI 54937 City-State-Zip:

VΡ Title Title VΡ

Name WHITE, DON Name HENSCHEL, JERROD

Address 32410 BLUE STAR HWY Address 46 S. ROLLING MEADOWS DR MIDWAY FL 32343

City-State-Zip: City-State-Zip: FOND DU LAC WI 54937

Title **SECRETARY** ۱/P Title

Name MEYER, TODD Name MILLER . CLAY

Address 46 S. ROLLING MEADOWS DR. 32410 BLUE STAR HWY Address

City-State-Zip: FOND DU LAC WI 54937 City-State-Zip: MIDWAY FL 32343

Title **TREASURER** SCHILL, TROY Name

46 5. ROLLING MEADOWS DR. Address FOND DU LAC WI 54937 City-State-Zip:

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.

02/09/2024 **SECRETARY** SIGNATURE: TODD MEYER

Electronic Signature of Signing Authorized Person(s) Detail

Date