

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000126917

**Entity Name:** NETWOLVES NETWORK SERVICES LLC

**Current Principal Place of Business:**

4710 EISENHOWER BLVD  
SUITE E8  
TAMPA, FL 33634

**Current Mailing Address:**

4710 EISENHOWER BLVD  
SUITE E8  
TAMPA, FL 33634 US

**FEI Number:** 41-1705072

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MGR	Title	SVP OF OPERATIONS
Name	CASTLE, PETER C	Name	FOOTE, SCOTT
Address	4710 EISENHOWER BLVD, SUITE E8	Address	4710 EISENHOWER BLVD SUITE E8
City-State-Zip:	TAMPA FL 33634	City-State-Zip:	TAMPA FL 33634

*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:** SCOTT FOOTE

**SVP OF OPERATIONS**

**03/30/2023**

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

\_\_\_\_\_  
Date