

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000145724

Entity Name: PROSLIDE TECHNOLOGY, LLC

Current Principal Place of Business:

4700 MILLENIA BLVD STE 500
ORLANDO, FL 32839

Current Mailing Address:

4700 MILLENIA BLVD STE 500
ORLANDO, FL 32839 US

FEI Number: 45-4198633

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BMD ORL SERVICE LLC
255 S ORANGE AVE STE 700
ORLANDO, FL 32801 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 HUNTER, RICHARD D
Address 2650 QUEENSVIEW DRIVE, SUITE 150

City-State-Zip: OTTAWA K2B 8H6

Title AUTHORIZED REPRESENTATIVE
Name SMEGAL, RAY
Address 2650 QUEENSVIEW DRIVE, SUITE 150

City-State-Zip: OTTAWA ONTARIO K2B 8H6

Title AUTHORIZED REPRESENTATIVE
Name CUILLERIER, ERIC
Address 2650 QUEENSVIEW DRIVE, SUITE 150

City-State-Zip: OTTAWA ONTARIO K2B 8H6

Title AUTHORIZED REPRESENTATIVE
Name LANE, LORNA
Address 2650 QUEENSVIEW DRIVE, SUITE 150

City-State-Zip: OTTAWA ONTARIO K2B 8H6

Title AUTHORIZED REPRESENTATIVE
Name WHITE, GREG
Address 2650 QUEENSVIEW DRIVE, SUITE 150

City-State-Zip: OTTAWA ONTARIO K2B 8H6

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: RICHARD D. HUNTER

MANAGER

11/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date