

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000073692

**Entity Name:** MST5 HOLDING, LLC**Current Principal Place of Business:**8650 COLLEGE BLVD  
OVERLAND PARK, KS 66210**Current Mailing Address:**8650 COLLEGE BLVD  
OVERLAND PARK, KS 66210 US**FEI Number:** NOT APPLICABLE**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           | TREASURER              |
| Name            | CAMPBELL, JOEL         |
| Address         | 8650 COLLEGE BLVD      |
| City-State-Zip: | OVERLAND PARK KS 66210 |

|                 |                        |
|-----------------|------------------------|
| Title           | PRESIDENT              |
| Name            | SPEAR, BRANDON         |
| Address         | 8650 COLLEGE BLVD      |
| City-State-Zip: | OVERLAND PARK KS 66210 |

|                 |                        |
|-----------------|------------------------|
| Title           | SECRETARY              |
| Name            | PETERSON, JASON        |
| Address         | 8650 COLLEGE BLVD      |
| City-State-Zip: | OVERLAND PARK KS 66210 |

|                 |   |
|-----------------|---|
| Title           | MEMBER                                      |
| Name            | MULTI SERVICE TECHNOLOGY<br>SOLUTIONS, INC. |
| Address         | 8650 COLLEGE BLVD                           |
| City-State-Zip: | OVERLAND PARK KS 66210                      |

*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:** JASON PETERSON**SECRETARY****05/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date