**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 22, 2025**
**Secretary of State**
**3861004154CC**

DOCUMENT# L21000244516

**Entity Name:** DEPLOYED SERVICES LLC

**Current Principal Place of Business:**

164 MCPIKE RD
ROME, NY 13441

**Current Mailing Address:**

164 MCPIKE RD.
ROME, NY 13441 US

**FEI Number: 84-5019630**

**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: ARSALAN MALIK 04/22/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | VP OF FINANCE |
| Name | STAPLETON, RICHARD | Name | MICHALSKI, WILLIAM R |
| Address | 164 MCPIKE RD | Address | 164 MCPIKE RD. |
| City-State-Zip: | ROME NY 13441 | City-State-Zip: | ROME NY 13441 |
| Title | DIRECTOR OF ACCOUNTING | Title | MGR |
| Name | MCSWEENEY, KERRY | Name | NAPIOR, ROBERT |
| Address | 164 MCPIKE RD | Address | 164 MCPIKE RD. |
| City-State-Zip: | ROME NY 13441 | City-State-Zip: | ROME NY 13441 |

*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: KERRY MCSWEENEY DIRECTOR, ACCOUNTING 04/22/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date