

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000228655

Entity Name: XATOR LLC**Current Principal Place of Business:**1835 ALEXANDER BELL DR, SUITE 210
RESTON, VA 20191**Current Mailing Address:**16055 SPACE CENTER BLVD STE 725
ATTN: CAROLYN MCPEAK
HOUSTON, TX 77062 US**FEI Number:** 90-0243400**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CFO
Name	HOLLY FREEDLANDER
Address	1835 ALEXANDER BELL DR, SUITE 210
City-State-Zip:	RESTON VA 20191

Title	MANAGER
Name	OFILOS, MATTHEW
Address	14291 PARK MEADOW DR. STE. 100
City-State-Zip:	CHANTILLY VA 20151

Title	SECRETARY
Name	RADIN, MARC S
Address	100 WEST WALNUT ST.
City-State-Zip:	PASADENA CA 91124

Title	MANAGER
Name	KOLLOWAY, MICHAEL R
Address	1422 S. TRYON ST. STE. 800
City-State-Zip:	CHARLOTTE NC 28203

Title	PRESIDENT
Name	MORETTA, JON
Address	2200 WEST LOOP S. STE 200
City-State-Zip:	HOUSTON TX 77027

Title	TREASURER
Name	SCHREIMAN, DAVID E
Address	5875 TRINITY PKWY STE 140
City-State-Zip:	CENTREVILLE VA 20120

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: MICHAEL R KOLLOWAY**MANAGER****04/04/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date