

**2026 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000006483

**FILED**  
**Jan 29, 2026**  
**Secretary of State**  
**2090842728CC**

**Entity Name:** LTS MANAGED TECHNICAL SERVICES LLC

**Current Principal Place of Business:**

6405 MIRA MESA BLVD.  
SUITE 200  
SAN DIEGO, CA 92121

**Current Mailing Address:**

6405 MIRA MESA BLVD.  
SUITE 200  
SAN DIEGO, CA 92121 US

**FEI Number:** 98-0549492

**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 MEMBER  
Name LTS SOLUITONS (USA) INC.  
Address 6405 MIRA MESA BLVD.  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

Title MANAGER, COO  
Name MORRIS, IAIN  
Address 1067 WEST CORDOVA STREET  
SUITE 1500  
City-State-Zip: VANCOUVER BC V6C 1C7

Title MANAGER, CORPORATE  
SECRETARY, CHIEF LEGAL OFFICER  
Name LOFARO, THOMAS  
Address 6405 MIRA MESA BLVD.  
SUITE 200  
City-State-Zip: SAN DIEGO CA 92121

*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:** THOMAS LOFARO

**MANAGER**

**01/29/2026**

Electronic Signature of Signing Authorized Person(s) Detail

Date