

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002165

Entity Name: SODEXOMAGIC, LLC

Current Principal Place of Business:

9100 WILSHIRE BLVD
BEVERLY HILLS, CA 90212

Current Mailing Address:

PO BOX 352
BUFFALO, NY 14240

FEI Number: 20-4855412

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 US

FILED
Mar 23, 2022
Secretary of State
6234671440CC

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 MGRM
Name SODEXO OPERATIONS, LLC
Address 9801 WASHINGTONIAN BLVD.
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR
Name JOHNSON JR, EARVIN
Address 9100 WILSHIRE BLVD
City-State-Zip: BEVERLY HILLS CA 90212

Title EXECUTIVE VICE PRESIDENT,
DIRECTOR
Name BROWN, KAWANNA
Address 9100 WILSHIRE BLVD
City-State-Zip: BEVERLY HILLS CA 90212

Title EXECUTIVE VICE PRESIDENT,
DIRECTOR
Name JOHNSON, EARLEATHA
Address 9100 WILSHIRE BLVD
City-State-Zip: BEVERLY HILLS CA 90212

Title EXECUTIVE VICE PRESIDENT,
DIRECTOR
Name MENDS, MIA
Address 9801 WASHINGTONIAN BLVD.
City-State-Zip: GAITHERSBURG MD 20878

Title SECRETARY
Name MCGLOCKTON, JOAN
Address 9801 WASHINGTONIAN BLVD.
City-State-Zip: GAITHERSBURG MD 20878

Title TREASURER
Name BLASS, MARC
Address 9801 WASHINGTONIAN BLVD.
City-State-Zip: GAITHERSBURG MD 20878

Title DIRECTOR
Name MISTRY, SAROSH
Address 9801 WASHINGTONIAN BLVD.
City-State-Zip: GAITHERSBURG MD 20878

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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: GREG STEELE

ASSISTANT SECRETARY 03/23/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title PRESIDENT
Name CUFFE, SELENA
Address 9100 WILSHIRE BLVD
City-State-Zip: BEVERLY HILLS CA 90212

Title DIRECTOR
Name LADD, BRETT
Address 9801 WASHINGTONIAN BLVD
City-State-Zip: GAITHERSBURG MD 20878