**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 19, 2023**
**Secretary of State**
**3940764750CC**

DOCUMENT# M11000002276

**Entity Name:** THOMPSON CONSULTING SERVICES, LLC

**Current Principal Place of Business:**

2601 MAITLAND CENTER PKWY
MAITLAND, FL 32751

**Current Mailing Address:**

2601 MAITLAND CENTER PKWY
MAITLAND, FL 32751 US

**FEI Number: 45-2015453**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

VCORP SERVICES, LLC
1200 S 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 | MANAGER |
| Name | COUNSELL, NATHANIEL |
| Address | 2601 MAITLAND CENTER PARKWAY |
| City-State-Zip: | MAITLAND FL 32751 |

| | |
|---|---|
| Title | MANAGER |
| Name | HOYLE, JON |
| Address | 2601 MAITLAND CENTER PARKWAY |
| City-State-Zip: | MAITLAND FL 32751 |

| | |
|---|---|
| Title | MANAGER |
| Name | MANNING, MICHAEL |
| Address | 2970 COTTAGE HILL ROAD SUITE 190 |
| City-State-Zip: | MOBILE AL 36606 |

| | |
|---|---|
| Title | MANAGER |
| Name | BAKER, JOHN III |
| Address | 2970 COTTAGE HILL ROAD SUITE 190 |
| City-State-Zip: | MOBILE AL 36606 |

| | |
|---|---|
| Title | MANAGER |
| Name | BROWN, CHAD |
| Address | 2970 COTTAGE HILL ROAD SUITE 190 |
| City-State-Zip: | MOBILE AL 36606 |

*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: JON HOYLE MANAGER 04/19/2023

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