

2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M12000001368

Entity Name: TAMPA MICROWAVE, LLC

Current Principal Place of Business:

16255 BAYVISTA DRIVE
SUITE 100
CLEARWATER, FL 33760

Current Mailing Address:

11200 DR. MARTIN LUTHER KING JR. ST. N
SUITE 103
ST. PETERSBURG, FL 33716 US

FEI Number: 45-4182446

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name GUERRAZZI, ERIC
Address 3310 CHASE JACKSON BRANCH
City-State-Zip: LUTZ FL 33559

Title MANAGER
Name JOHNSON, OBIE
Address 16255 BAY VISTA DR.
SUITE 100
City-State-Zip: CLEARWATER FL 33760

Title MANAGER
Name BROSNAN, AARON
Address 16255 BAY VISTA DR.
SUITE 100
City-State-Zip: CLEARWATER FL 33760

Title MANAGER
Name SHEEHAN, MICHAEL
Address 22605 GATEWAY CENTER DRIVE,
City-State-Zip: CLARKSBURG MD 20871

Title MANAGER
Name MILLER, BRIAN
Address 22605 GATEWAY CENTER DRIVE,
City-State-Zip: CLARKSBURG MD 20871

Title MEMBER
Name THALES DEFENSE & SECURITY, INC.
Address 22605 GATEWAY CENTER DRIVE,
City-State-Zip: CLARKSBURG MD 20871

Title MEMBER
Name E2G PARTNERS, LLC
Address 11200 DR. MARTIN LUTHER KING JR.
ST. N
SUITE 103
City-State-Zip: ST. PETERSBURG FL 33716

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: DENISE JANKOWSKI

DIRECTOR, HR

05/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date