

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001368

Entity Name: TAMPA MICROWAVE, LLC**Current Principal Place of Business:**11200 DR. MARTIN LUTHER KING JR. ST. N.
SUITE 103
ST. PETERSBURG, FL 33716**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 33559Title MANAGER
Name JOHNSON, OBIE
Address 16255 BAY VISTA DR.
SUITE 100
City-State-Zip: CLEARWATER FL 33760Title MANAGER
Name BROSNAN, AARON
Address 16255 BAY VISTA DR.
SUITE 100
City-State-Zip: CLEARWATER FL 33760Title MANAGER
Name SHEEHAN, MICHAEL
Address 22605 GATEWAY CENTER DRIVE,
City-State-Zip: CLARKSBURG MD 20871Title MANAGER
Name MILLER, BRIAN
Address 22605 GATEWAY CENTER DRIVE,
City-State-Zip: CLARKSBURG MD 20871Title MEMBER
Name THALES DEFENSE & SECURITY, INC.
Address 22605 GATEWAY CENTER DRIVE,
City-State-Zip: CLARKSBURG MD 20871Title 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: AARON BROSNAN

MANAGER

02/22/2024

Electronic Signature of Signing Authorized Person(s) Detail_____
Date