

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000005655

Entity Name: INTEGRATED TECH GROUP, LLC**Current Principal Place of Business:**152 MOLLY WALTON DRIVE
HENDERSONVILLE, TN 37075**Current Mailing Address:**152 MOLLY WALTON DRIVE
HENDERSONVILLE, TN 37075 US**FEI Number:** 46-0812100**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 MANAGER
Name GIACALONE, PETER A.
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MANAGER
Name BROOKS, MICHAEL
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MANAGER
Name PERKINS, CHRISTOPHER
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title CONTROLLER
Name SMITH, ELIZABETH
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MANAGER
Name ELIAS, GUILHERME
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MANAGER
Name TAYLOR, JERRY
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MANAGER
Name MCCLENDON, TROY
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MANAGER
Name RIVAS, JOEL
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

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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: JOEL RIVAS

MANAGER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name COWART, CHRISTOPHER
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075

Title MEMBER
Name ITG SPLITTER, L.P.
Address 152 MOLLY WALTON DRIVE
City-State-Zip: HENDERSONVILLE TN 37075