### 2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000004711

Entity Name: STEARNS HOLDINGS, LLC

### **Current Principal Place of Business:**

401 E. CORPORATE DRIVE SUITE 150 LEWISVILLE, TX 75057

## **Current Mailing Address:**

401 E. CORPORATE DRIVE SUITE 150 LEWISVILLE, TX 75057 US

### FEI Number: 45-1008219

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

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A 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

### Authorized Person(s) Detail :

Authorized Person(s) Detail :						
Title	MANAGER	Title	MEMBER			
Name	SCHNEIDER, DAVID	Name	ARTEMIS HOLDINGS, INC.			
Address	401 E. CORPORATE DRIVE SUITE 150	Address	401 E. CORPORATE DRIVE SUITE 150			
City-State-Zip:	LEWISVILLE TX 75057	City-State-Zip:	LEWISVILLE TX 75057			
Title	MEMBER	Title	MANAGER			
Name	PROTOS ACQUISITION, LLC	Name	CARY, WILLIAM			
Address	401 E. CORPORATE DRIVE SUITE 150	Address	401 E. CORPORATE DRIVE SUITE 150			
City-State-Zip:	LEWISVILLE TX 75057	City-State-Zip:	LEWISVILLE TX 75057			
Title	MANAGER	Title	MANAGER			
Name	CHU, CHINH	Name	GABBANI, NADIM EL			
Address	401 E. CORPORATE DRIVE SUITE 150	Address	401 E. CORPORATE DRIVE SUITE 150			
City-State-Zip:	LEWISVILLE TX 75057	City-State-Zip:	LEWISVILLE TX 75057			
Title	MANAGER	Title	MANAGER			
Name	LOWMAN, DAVE	Name	MITCHELL, M. CHRISTIAN			
Address	401 E. CORPORATE DRIVE SUITE 150	Address	401 E. CORPORATE DRIVE SUITE 150			

#### Continues on page 2

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	: DAVID SCHNEIDER	MANAGER	04/30/2021
	Electronic Signature of Signing Authorized Person(s) Detail		Date

## FILED Apr 30, 2021 Secretary of State 7119403867CC

Certificate of Status Desired: No

Date

# Authorized Person(s) Detail Continued :

Title	MANAGER	Title	MANAGER
Name	ROSWIG, JASON	Name	WANNOP, KELLY
Address	401 E. CORPORATE DRIVE SUITE 150	Address	401 E. CORPORATE DRIVE SUITE 150
City-State-Zip:	LEWISVILLE TX 75057	City-State-Zip:	LEWISVILLE TX 75057