

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000001758

Entity Name: MSLA MANAGEMENT LLC

Current Principal Place of Business:

5995 PLAZA DR
5TH FLOOR
CYPRESS, CA 90630

Current Mailing Address:

5995 PLAZA DR
5TH FLOOR
CYPRESS, CA 90630 US

FEI Number: 81-1633765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH 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	MEMBER
Name	OPTUMSERVE HEALTH SERVICES, INC.
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630

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: OPTUMSERVE HEALTH SERVICES, INC.

MEMBER

04/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date