

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003444

Entity Name: MSE GROUP, LLC

Current Principal Place of Business:

5120 NORTSHORE DRIVE
NORTH LITTLE ROCK, AR 72118

Current Mailing Address:

5120 NORTSHORE DRIVE
NORTH LITTLE ROCK, AR 72118 US

FEI Number: 01-0689374

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CATHELL, MAUREEN
1201 HAYS STREET
CORAL GABLES , FL 33134 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: MAUREEN CATHELL

04/23/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name MONTROSE ENVIRONMENTAL SOLUTIONS, INC
Address 5120 NORTSHORE DRIVE
City-State-Zip: NORTH LITTLE ROCK AR 72118-5315

Title PRESIDENT
Name MANTHRIPRAGADA, VIJAY
Address 5120 NORTSHORE DRIVE
City-State-Zip: NORTH LITTLE ROCK AR 72118-5315

Title VP
Name LEMAIRE, JOSHUA
Address 5120 NORTSHORE DRIVE SUITE 1000
City-State-Zip: NORTH LITTLE ROCK AR 72118-5315

Title SECRETARY
Name AFSARI, NASYM
Address 5120 NORTSHORE DRIVE
City-State-Zip: NORTH LITTLE ROCK AR 72118

Title VP
Name REVEULTA, JOSE
Address 5120 NORTSHORE DRIVE
City-State-Zip: NORTH LITTLE ROCK AR 72118

Title VP
Name EVELAND , ELLEN
Address 5120 NORTSHORE DRIVE
City-State-Zip: NORTH LITTLE ROCK AR 72118

Title VP
Name ROME, SEAN
Address 5120 NORTSHORE DRIVE
City-State-Zip: NORTH LITTLE ROCK AR 72118

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: KELLIE E. TOMEO, ESQ.

SENIOR COUNSEL

04/23/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date