

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000010182

**Entity Name:** FTT AMERICA, LLC

**Current Principal Place of Business:**

10680 TREENA STREET  
SUITE 600  
SAN DIEGO, CA 92131

**Current Mailing Address:**

10680 TREENA STREET  
SUITE 600  
SAN DIEGO, CA 92131 US

**FEI Number:** 36-4803271

**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, PRESIDENT, CEO  
Name            DEMARCO, ERIC M.  
Address         10680 TREENA STREET  
                  SUITE 600  
City-State-Zip: SAN DIEGO CA 92131

Title            MANAGER, VP, CONTRACTS  
Name            FINK, MICHAEL W.  
Address         10680 TREENA STREET  
                  SUITE 600  
City-State-Zip: SAN DIEGO CA 92131

Title            EXECUTIVE VICE PRESIDENT,  
                  MANAGER, CFO  
Name            LUND, DEANNA H.  
Address         10680 TREENA STREET  
                  SUITE 600  
City-State-Zip: SAN DIEGO CA 92131

Title            SECRETARY  
Name            MENDOZA, MARIE  
Address         10680 TREENA STREET  
                  SUITE 600  
City-State-Zip: SAN DIEGO CA 92131

*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:** MARIE MENDOZA

**SECRETARY**

**01/26/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date