

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000010553

Entity Name: CAROLINAS IT, LLC

Current Principal Place of Business:

1600 HILLSBOROUGH STREET
RALEIGH, NC 27605

Current Mailing Address:

1600 HILLSBOROUGH STREET
RALEIGH, NC 27605 US

FEI Number: 56-1971850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

FILED
Apr 04, 2024
Secretary of State
0165749346CC

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 CFO
Name NOONE, KARL
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name ACCARDI, MICHELLE
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name CLAUDIO, CHRISTOPHER
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name CONEY, MICHAEL
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name GRAHAM, NANCY
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name POWELL, KEN
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name SCHLACHET, LOREN J.
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

Title MANAGER
Name TATARINOV, KIRILL
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605

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: KARL NOONE

**CHIEF FINANCIAL
OFFICER**

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name WILLIAMS, MICHAEL
Address 1600 HILLSBOROUGH STREET
City-State-Zip: RALEIGH NC 27605