

**2023 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**  
**Feb 25, 2023**  
**Secretary of State**  
**1103889891CC**

*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  
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           CFO  
Name           NOONE, KARL  
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

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*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**

**02/25/2023**

\_\_\_\_\_  
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