

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000006495

**Entity Name:** WINDSTREAM SERVICES, LLC

**Current Principal Place of Business:**

4001 N. RODNEY PARHAM RD.  
LITTLE ROCK, AR 72212

**Current Mailing Address:**

4001 N. RODNEY PARHAM RD.  
LITTLE ROCK, AR 72212 US

**FEI Number:** 20-0792300

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR.  
SUITE:A  
TALLAHASSEE, FL 32301 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                   | Title           | MANAGER                   |
| Name            | THOMAS, TONY              | Name            | MOODY, KRISTI             |
| Address         | 4001 N. RODNEY PARHAM RD. | Address         | 4001 N. RODNEY PARHAM RD. |
| City-State-Zip: | LITTLE ROCK AR 72212      | City-State-Zip: | LITTLE ROCK AR 72212      |

*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:** THOMAS , TONY

**MANAGER**

**03/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date