Texas Franchise Tax Public Information Report

Comptroller 05-102 of Public Accounts FORM Rev.9-11/30)

To be filed by Corporations, Limited Liability Companies (LLC) and Financial Institutions
This report MUST be signed and filed to satisfy franchise tax requirements

■ Tcode 13196 Franchise

■ Taxpayer number	■ Report	year		ertain rights u					
3 2 0 8 0 0 5 9 9 4 5	2 0	2	/ 1	equest, and corr at (800) 252-138			∕e on file ab 	out you.	
Taxpayer name D7 CONSTRUCTION SERVICES	LLC								
Mailing address 1516 GRAPEVINE RDG					1	,	ate (SOS) fil e number	le numb	er or
City PROSPER State	TX	ZIP Code 7507		Plus 4	Compi	0804144010			
Blacken circle if there are currently no changes from previou	ıs year; if no info	ormation	is displayed, com	plete the applic	able informati	ion in Sec	tions A, B a	ınd C.	
Principal office 1516 Grapevine Ridge Prosper T	V 75079								
Principal place of business 1516 Grapevine Ridge Prosper T									
Officer, director and manager inform Report is completed. The information report. There is no requirement or pofficers, directors, or managers characteristics.	mation is report on is updated procedure for the nge throughou	annually supplem ut the ye	as part of the from enting the informar.	anchise tax			81 81118 18118 18111 05994522		41 2 11 2 1 12
Name	Title			Director	T_		m d	d y	у
Naga Gayathri Kotha		Memb	per	YES	Term expiration				
Mailing address 1516 Grapevine Ridge	City			<u></u>	State ZIP Code 75078				
Name	Title		Поорог	Director			m d	d y	у
				YES	Term expiration				
Mailing address	City			.4	State		ZIP Cod	de	
Name	Title			Director	Term	m r	m d	d y	у
				YES	expiration		$\perp \perp$		
Mailing address	City				State		ZIP Cod	de	
SECTION B Enter the information required for each corpo	ration or LLC,	if any, i	n which this en	tity owns an ir	terest of 10	percent	or more.		
Name of owned (subsidiary) corporation or limited liability con	npany	State of	formation	Texas SC	S file numbe	r, if any P	ercentage	of owne	ership
Name of owned (subsidiary) corporation or limited liability con	npany	State of	formation	Texas SC	S file numbe	r, if any P	ercentage	of owne	ership
SECTION C Enter the information required for each corpo liability company.	ration or LLC,	if any, t	hat owns an int	terest of 10 pe	rcent or mo	re in this	entity or	limited	
Name of owned (parent) corporation or limited liability compa	ny	State of	formation	Texas SC	S file numbe	r, if any P	ercentage	of owne	ership
Registered agent and registered office currently on file. (see ins	structions if you	ı need to	make changes)		n circle if you gistered agen				nation
Office: 5511 PARKCREST DR. SUITE 207			City	AUSTIN	Sta	ate TX	ZIP	^{Code} 7873	1
The above information is required by Section 171.203 of the Tax Code for for Sections A, B, and C, if necessary. The information will be available fo			ited liability compa	any that files a Te	kas Franchise T	ax Report.	Use additic	nal sheet	s
I declare that the information in this document and any attachments is been mailed to each person named in this report who is an officer, direct	true and correct	to the be	, ,						
sign here Mitch Wilde	Title			Date 05-26	_2022	Area code and phone n			
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