

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000033678

Entity Name: FALCONBRIDGE SERVICES, LLC**Current Principal Place of Business:**3600 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226**Current Mailing Address:**3600 PORT JACKSONVILLE PARKWAY
JACKSONVILLE, FL 32226**FEI Number:** 56-2650701**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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:** JILL CILMI, ASSISTANT VICE PRESIDENT

03/05/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title TREASURER
Name SEE, BENJAMIN
Address 3600 PORT JACKSONVILLE PARKWAY

City-State-Zip: JACKSONVILLE FL 32226

Title ASST. TREASURER
Name KIBLER, ELISABETH
Address 3600 PORT JACKSONVILLE PARKWAY

City-State-Zip: JACKSONVILLE FL 32226

Title AUTHORIZED MEMBER
Name APR ENERGY HOLDINGS LIMITED
Address 3600 PORT JACKSONVILLE PARKWAY

City-State-Zip: JACKSONVILLE FL 32226

Title COO
Name FERRY, CHARLES
Address 3600 PORT JACKSONVILLE PARKWAY

City-State-Zip: JACKSONVILLE FL 32226

Title CFO
Name CROWELL, RON
Address 3600 PORT JACKSONVILLE PARKWAY

City-State-Zip: JACKSONVILLE FL 32226

Title ASSISTANT SECRETARY AND VP
 HUMAN RESOURCES
Name EMANUEL, DAVID
Address 3600 PORT JACKSONVILLE PARKWAY

City-State-Zip: JACKSONVILLE FL 32226

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: HAROLD E. PATRICOFF**AUTHORIZED
REPRESENTATIVE**

03/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date