

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030678

**Entity Name:** ANDREWS OUTSOURCE SOLUTIONS, LLC

**Current Principal Place of Business:**

1946 MENOLD DRIVE  
ALLISON PARK, PA 15101

**Current Mailing Address:**

1946 MENOLD DRIVE  
ALLISON PARK, PA 15101 US

**FEI Number:** 27-2302682

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
900  
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, SECRETARY,  
Name           PAYNE, DANIEL  
Address        605 EAST FIRST STREET  
                  SUITE 102  
City-State-Zip: ROME GA 30161

Title           MEMBER  
Name           DIVERSUS, INC.  
Address        605 EAST FIRST STREET  
                  SUITE 102  
City-State-Zip: ROME GA 30161

Title           AUTHORIZED MEMBER  
Name           CAMPBELL, GREG  
Address        1946 MENOLD DRIVE  
City-State-Zip: ALLISON PARK PA 15101

Title           AUTHORIZED MEMBER, PRESIDENT  
Name           SHARPS, LEWIS  
Address        1946 MENOLD DRIVE  
City-State-Zip: ALLISON PARK PA 15101

*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:** DANIEL PAYNE

**MEMBER**

**02/28/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date