

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030678

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

**Current Principal Place of Business:**

200 SOUTH ANDREWS AVENUE  
SUITE 902  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

200 SOUTH ANDREWS AVENUE  
SUITE 902  
FORT LAUDERDALE, FL 33301 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  
Name           PAYNE, DANIEL  
Address        605 EAST FIRST STREET SUITE 102  
City-State-Zip: ROME GA 60161

Title           MEMBER  
Name           DIVERSUS, INC.  
Address        200 SOUTH ANDREWS AVENUE  
                  SUITE 902  
City-State-Zip: FORT LAUDERDALE FL 33301

*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

**MANAGER**

**04/19/2016**

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

\_\_\_\_\_  
Date