

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000033387

**Entity Name:** UNF TSI INVESTMENTS, LLC**Current Principal Place of Business:**1 UNF DRIVE, BUILDING 53, STE. 2900  
JACKSONVILLE, FL 32224**Current Mailing Address:**1 UNF DRIVE, BUILDING 53, STE. 2900  
JACKSONVILLE, FL 32224**FEI Number:** 59-1982921**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**SHUMAN, SHARI A  
1 UNF DRIVE, BUILDING 53, STE. 2900  
JACKSONVILLE, FL 32224 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            PRESIDENT  
Name            SHUMAN, SHARI A  
Address        1 UNF DRIVE, UNF HALL, SUITE 2200  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            SZYMANSKI, DAVID DR.  
Address        1 UNF DRIVE  
                  BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            CHALLY, PAMELA  
Address        1 UNF DRIVE  
                  BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            STONE, KAREN  
Address        1 UNF DRIVE  
                  BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title            TREASURER  
Name            ANDERSON, LINDA  
Address        1 UNF DRIVE, BUILDING 53, STE. 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            MCCULLEN, ANN  
Address        1 UNF DRIVE  
                  BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            MANDOLD, BETH  
Address        1 UNF DRIVE  
                  BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

Title            DIRECTOR  
Name            RUSSELL, E LANNY  
Address        1 UNF DRIVE  
                  BLDG 53, SUITE 2900  
City-State-Zip: JACKSONVILLE FL 32224

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*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:** SHARI SHUMAN**PRESIDENT****04/01/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title                   DIRECTOR  
Name                 GONZALEZ, WILLE  
Address             1 UNF DRIVE  
                      BLDG 53, SUITE 2900  
City-State-Zip:   JACKSONVILLE FL 32224

Title                   DIRECTOR  
Name                 ASHTON, SHARON  
Address             1 UNF DRIVE  
                      BLDG 53, SUITE 2900  
City-State-Zip:   JACKSONVILLE FL 32224