

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000001676

**Entity Name:** COX BUSINESS SERVICES, L.L.C.

**Current Principal Place of Business:**

1400 LAKE HEARN DRIVE  
ATLANTA, GA 30319

**Current Mailing Address:**

1400 LAKE HEARN DRIVE  
MAILSTOP CP-12 / ATTN:CORP TAX DEPT  
ATLANTA, GA 30319

**FEI Number:** 58-2584769

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MGRM  
Name CBS LLC MANAGEMENT, INC  
Address 6205 PEACHTREE DUNWOODY RD  
City-State-Zip: ATLANTA GA 30328

Title VP  
Name VICKERS, MARY  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title P  
Name ESSER, PATRICK J  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title S  
Name MUHL, SHAUNA S  
Address 6205 PEACHTREE DUNWOODY ROAD  
City-State-Zip: ATLANTA GA 30328

Title TREASURER, VP  
Name FRIEDMAN, MARIA  
Address 1400 LAKE HEARN DRIVE  
M/S CP-12  
City-State-Zip: ATLANTA GA 30319

*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:** MARY VICKERS

VP - TAXX

04/23/2015

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

\_\_\_\_\_  
Date