

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001676

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

Current Principal Place of Business:

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328

Current Mailing Address:

6205-B PEACHTREE DUNWOODY ROAD
ATLANTA, GA 30328 US

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 AUTHORIZED MEMBER
Name COXCOM, LLC
Address 6205-B PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

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

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

Title SECRETARY
Name PRYOR, JULIETTE W
Address 6205-B PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

Title TREASURER, VP
Name FRIEDMAN, MARIA
Address 6205-B PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR, VP
Name BOWSER, MARK F
Address 6205-B PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

Title DIRECTOR
Name HIGHTOWER, JENNIFER
Address 6205-B PEACHTREE DUNWOODY ROAD
City-State-Zip: ATLANTA GA 30328

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

VICE PRESIDENT

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date