

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002332

Entity Name: ARAMARK HEALTHCARE SUPPORT SERVICES, LLC

Current Principal Place of Business:

2400 MARKET STREET
PHILADELPHIA, PA 19103

Current Mailing Address:

5880 NOLENSVILLE PIKE
NASHVILLE, TN 37211 US

FEI Number: 23-1530221

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 REPRESENTATIVE

Name LARK, TAMMY

Address 5880 NOLENSVILLE PIKE

City-State-Zip: NASHVILLE TN 37211

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: TAMMY LARK

AUTHORIZED AGENT

04/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date