#### **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002332

Entity Name: ARAMARK HEALTHCARE SUPPORT SERVICES, LLC

FILED
Jan 18, 2023
Secretary of State
3425586347CC

## **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: No

# 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 MGRM

Title

Name

AUTHORIZED REPRESENTATIVE, AUTHORIZED REPRESENTATIVE

Name ARAMARK SERVICES, INC

CHILDS, KESHA

Address 2400 MARKET STREET

Address 5880 NOLENSVILLE PIKE

City-State-Zip: PHILADELPHIA PA 19103

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: KESHA N CHILDS

Electronic Signature of Signing Authorized Person(s) Detail

**AUTHORIZED USER** 

01/18/2023