

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003937

**Entity Name:** BERNEY OFFICE SOLUTIONS, LLC

**Current Principal Place of Business:**

10690 JOHN KNIGHT CLOSE  
MONTGOMERY, AL 36117

**Current Mailing Address:**

10690 JOHN KNIGHT CLOSE  
MONTGOMERY, AL 36117

**FEI Number:** 63-0872797

**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 C  
Name SALIERNO, THOMAS L  
Address 3903 NORTHDAL BLVD  
City-State-Zip: TAMPA FL 33624

Title P  
Name ENNS, BRAD  
Address 10690 JOHN KNIGHT CLOSE  
City-State-Zip: MONTGOMERY AL 36117

Title CFO  
Name BLANKENSHIP, BEN  
Address 10690 JOHN KNIGHT CLOSE  
City-State-Zip: MONTGOMERY AL 36117

Title V / ASST. SECRETARY  
Name BASS, R EDWARD  
Address 3903 NORTHDAL BLVD  
City-State-Zip: TAMPA FL 33624

Title VS  
Name KOSARZYCKI, ROXANNE  
Address 3903 NORTHDAL BLVD  
City-State-Zip: TAMPA FL 33624

*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:** ROXANNE KOSARZYCKI

**SECRETARY**

**04/01/2015**

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

\_\_\_\_\_  
Date