

2014 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	CFO
Name	BLANKENSHIP, BEN
Address	10690 JOHN KNIGHT CLOSE
City-State-Zip:	MONTGOMERY AL 36117
Title	VS
Name	KOSARZYCKI, ROXANNE
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	V / ASST. SECRETARY
Name	BASS, R EDWARD
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****03/26/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date