

2018 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 MANAGER
Name COOPER, DANIEL R
Address 3903 NORTHDAL BLVD
City-State-Zip: TAMPA FL 33624

Title PRESIDENT
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

Title MANAGER
Name CAVALLARO, GEORGE
Address 10690 JOHN KNIGHT CLOSE
City-State-Zip: MONTGOMERY AL 36117

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****04/13/2018**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date