

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400005551

**Entity Name:** TOWNE PARK SERVICES, LLC

**Current Principal Place of Business:**

ONE PARK PLACE  
SUITE 200  
ANNAPOLIS, MD 21401

**Current Mailing Address:**

ONE PARK PLACE  
SUITE 200  
ANNAPOLIS, MD 21401 US

**FEI Number:** 52-1659267

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST  
SUITE 4  
TALLAHASSEE, FL 32301 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	CFO AND TREASURER	Title	MANAGER/PRESIDENT/CEO
Name	MORGIONI, MICHAEL S.	Name	KERIN, ANDREW
Address	ONE PARK PLACE SUITE 200	Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401	City-State-Zip:	ANNAPOLIS MD 21401
Title	MANAGER	Title	MANAGER
Name	BERK, MICHAEL S.	Name	CHRIST, WILLIAM
Address	ONE PARK PLACE SUITE 200	Address	ONE PARK PLACE SUITE 200
City-State-Zip:	ANNAPOLIS MD 21401	City-State-Zip:	ANNAPOLIS MD 21401

*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:** MICHAEL S. MORGIONI

**CFO AND TREASURER**

**04/30/2019**

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

\_\_\_\_\_  
Date