

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000002501

**Entity Name:** MIB SERVICES & PAPERLESS SOLUTIONS, LLC

**Current Principal Place of Business:**

50 BRAINTREE HILL PARK  
SUITE 400  
BRAINTREE, MA 02184

**Current Mailing Address:**

50 BRAINTREE HILL PARK  
SUITE 400  
BRAINTREE, MA 02184 US

**FEI Number:** 85-4211692

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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 MGR, PRESIDENT  
Name WINIKOFF, BRIAN  
Address 50 BRAINTREE HILL PARK, STE 400  
City-State-Zip: BRAINTREE MA 02184

Title MGR, SECRETARY, AUTHORIZED REPRESENTATIVE  
Name CORADO, CHRISTIE  
Address 50 BRAINTREE HILL PARK, STE 400  
City-State-Zip: BRAINTREE MA 02184

Title MGR, VP  
Name CARUSO, ANDREA  
Address 50 BRAINTREE HILL PARK, STE 400  
City-State-Zip: BRAINTREE MA 02184

Title MGR, VP, TREASURER  
Name REYNOLDS, TREY  
Address 50 BRAINTREE HILL PARK, STE 400  
City-State-Zip: BRAINTREE MA 02184

Title AUTHORIZED MEMBER  
Name MIB GROUP HOLDINGS, INC.  
Address 50 BRAINTREE HILL PARK, STE 400  
City-State-Zip: BRAINTREE MA 02184

*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:** CHRISTIE CORADO

**MANAGER**

**04/21/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date