

2025 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:

REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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: DAVID ROBERTS

01/21/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

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

Title MGR
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

01/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date