

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019627

Entity Name: BRICKMAN FACILITY SOLUTIONS LLC

Current Principal Place of Business:

18227 FLOWER HILL WAY, STE D
GAITHERSBURG, MD 20879

Current Mailing Address:

18227 FLOWER HILL WAY, STE D
GAITHERSBURG, MD 20879 US

FEI Number: 80-0454038

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 MGR
Name HJELLE, MARK
Address 18227 FLOWER HILL WAY, SUITE D
City-State-Zip: GAITHERBURG MD 20879

Title MANAGER
Name KERIN, ANDREW
Address 18227D FLOWER HILL WAY
City-State-Zip: GAITHERSBURG MD 20879

Title MANAGER
Name TYLER, ROBERT
Address 18227D FLOWER HILL WAY
City-State-Zip: GAITHERSBURG MD 20879

Title MGR
Name ASHE, GENA L
Address 18227 FLOWER HILL WAY, SUITE D
City-State-Zip: GAITHERBURG MD 20879

Title MANAGER
Name SKARUPA, ANTHONY
Address 18227D FLOWER HILL WAY
City-State-Zip: GAITHERSBURG MD 20879

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GENA L. ASHE

MANAGER

04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date