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

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	HJELLE, MARK	Name	ASHE, GENA L
Address	18227 FLOWER HILL WAY, SUITE D	Address	18227 FLOWER HILL WAY, SUITE D
City-State-Zip:	GAITHERBURG MD 20879	City-State-Zip:	GAITHERBURG MD 20879
Title	MANAGER	Title	MANAGER
Name	KERIN, ANDREW	Name	SKARUPA, ANTHONY
Address	18227D FLOWER HILL WAY	Address	18227D FLOWER HILL WAY
City-State-Zip:	GAITHERSBURG MD 20879	City-State-Zip:	GAITHERSBURG MD 20879
Title	MANAGER		
Name	TYLER, ROBERT		
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

FILED Apr 30, 2013 Secretary of State CC0406455072

Date