

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000002445

**Entity Name:** TURNER SPECIALTY SERVICES, L.L.C.

**Current Principal Place of Business:**

8687 UNITED PLAZA BLVD  
BATON ROUGE, LA 70809

**Current Mailing Address:**

P.O. BOX 2750  
BATON ROUGE, LA 70821

**FEI Number:** 72-1510167

**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 TOUPS, ROLAND M  
Address 8687 UNITED PLAZA BLVD  
City-State-Zip: BATON ROUGE LA 70809

Title MGR  
Name BRAUD, DWIGHT G  
Address 8687 UNITED PLAZA BLVD  
City-State-Zip: BATON ROUGE LA 70809

Title MGR  
Name GUITREAU, JOSEPH W  
Address 8687 UNITED PLAZA BLVD  
City-State-Zip: BATON ROUGE LA 70809

Title SECRETARY  
Name SYLVESTER, JAMES P  
Address 8687 UNITED PLAZA BLVD  
City-State-Zip: BATON ROUGE LA 70809

*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: JAMES P SYLVESTER**

**SECRETARY**

**03/28/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date