

2022 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, STEPHEN M
Address	8687 UNITED PLAZA BLVD
City-State-Zip:	BATON ROUGE LA 70809

Title	MGR
Name	TURNER, THOMAS H
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	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****02/10/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date