

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006958

Entity Name: PIZZUTI SOLUTIONS LLC**Current Principal Place of Business:**C/O TWO MIRANOVA PLACE
SUITE 220
COLUMBUS, OH 43215**Current Mailing Address:**C/O TWO MIRANOVA PLACE
SUITE 220
COLUMBUS, OH 43215 US**FEI Number:** 31-1677601**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PIZZUTI COMPANIES
200 EAST ROBINSON STREET
SUITE 555
ORLANDO, FL 32801 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 PIZZUTI MANAGEMENT LLC
Address C/O TWO MIRANOVA PLACE
SUITE 220
City-State-Zip: COLUMBUS OH 43215

Title COO
Name PIZZUTI, JOEL S
Address C/O TWO MIRANOVA PLACE
SUITE 220
City-State-Zip: COLUMBUS OH 43215

Title EVP
Name WEST, SCOTT B
Address C/O TWO MIRANOVA PLACE
SUITE 220
City-State-Zip: COLUMBUS OH 43215

Title CEO
Name PIZZUTI, RONALD A
Address C/O TWO MIRANOVA PLACE
SUITE 220
City-State-Zip: COLUMBUS OH 43215

Title PRES
Name RUSSELL, JAMES S
Address C/O TWO MIRANOVA PLACE
SUITE 220
City-State-Zip: COLUMBUS OH 43215

Title VP
Name COLEMAN, NAEEM
Address 200 EAST ROBINSON STREET
SUITE 555
City-State-Zip: ORLANDO FL 32801

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: SCOTT B. WEST

EVP

04/07/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date