

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100000317

FILED
Mar 17, 2019
Secretary of State
3764256980CC

Entity Name: INDUSTRIAL SPECIALTY SERVICES, LLC

Current Principal Place of Business:

1325 COBB INTERNATIONAL DRIVE
SUITE A-1
KENNESAW, GA 30152

Current Mailing Address:

1325 COBB INTERNATIONAL DRIVE
SUITE A-1
KENNESAW, GA 30152

FEI Number: 27-4540098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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 VP
Name SHANBHAG, MANISH
Address 1325 COBB INTERNATIONAL DRIVE
SUITE A-1
City-State-Zip: KENNESAW GA 30152

Title MEMBER
Name INDUSTRIAL SOURCING SOLUTIONS,
LLC
Address 1325 COBB INTERNATIONAL DRIVE
SUITE A-1
City-State-Zip: KENNESAW GA 30152

Title VP
Name HEATH, ROBERT D.
Address 1325 COBB INTERNATIONAL DRIVE
SUITE A-1
City-State-Zip: KENNESAW GA 30152

Title SECRETARY
Name RICHWINE, LYNLEIGH L.
Address 1325 COBB INTERNATIONAL DRIVE
SUITE A-1
City-State-Zip: KENNESAW GA 30152

Title TREASURER, VP
Name MONDI, NIKOLAI J.
Address 1325 COBB INTERNATIONAL DRIVE
SUITE A-1
City-State-Zip: KENNESAW GA 30152

Title PRESIDENT
Name BURNS, ROBERT C.
Address 1325 COBB INTERNATIONAL DRIVE
SUITE A-1
City-State-Zip: KENNESAW GA 30152

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: NIKOLAI MONDI

VP & TREASURER

03/17/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date