

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000000397

Entity Name: CTS AUDIT SERVICES, LLC**Current Principal Place of Business:**5900 N ANDREWS AVE
SUITE 1000
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5900 N ANDREWS AVE
SUITE 1000
FORT LAUDERDALE, FL 33309 US**FEI Number:** 47-5555793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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	DIRECTOR
Name	LITTLEJOHN, KEVIN
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	TREASURER
Name	LITTLEJOHN, KEVIN
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	MANAGING MEMBER
Name	CARRIER & TECHNOLOGY SOLUTIONS, LLC
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	SECRETARY
Name	RICHARDSON, GEX
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	PRESIDENT
Name	LITTLEJOHN, KEVIN
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

Title	DIRECTOR
Name	RICHARDSON, GEX
Address	5900 N ANDREWS AVE SUITE 1000
City-State-Zip:	FORT LAUDERDALE FL 33309

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: GEX RICHARDSON**SECRETARY****05/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date