



10/2017

LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: Business Investments Services LLCSECRETARY OF STATE ID NUMBER: 1977550STATE OF FORMATION: NCREPORT FOR THE CALENDAR YEAR: 2021

Filing Office Use Only
 E - Filed Annual Report
 1977550
 CA202107509640
 3/16/2021 02:49

☐ Changes
SECTION A: REGISTERED AGENT'S INFORMATION1. NAME OF REGISTERED AGENT: Olivera, Wilson M.

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

3406 Tuckland Dr3406 Tuckland DrRaleigh, NC 27610 Wake CountyRaleigh, NC 27610**SECTION B: PRINCIPAL OFFICE INFORMATION**1. DESCRIPTION OF NATURE OF BUSINESS: Administrative assistant2. PRINCIPAL OFFICE PHONE NUMBER: (919) 396-9360 x _____3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS

5. PRINCIPAL OFFICE MAILING ADDRESS

3406 Tuckland Dr3406 Tuckland DrRaleigh, NC 27610Raleigh, NC 27610

6. Select one of the following if applicable. (Optional see instructions)

☐

The company is a veteran-owned small business

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The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)NAME: WILSON M OLIVERA

NAME: _____

NAME: _____

TITLE: Owner Manager

TITLE: _____

TITLE: _____

ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

3406 TUCKLAND DRRALEIGH, NC 27610**SECTION D: CERTIFICATION OF ANNUAL REPORT.** Section D must be completed in its entirety by a person/business entity.WILSON M OLIVERA3/16/2021

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of This form.

WILSON M OLIVERAOwner Manager

Print or Type Name of Company Official

Print or Type Title of Company Official

This Annual Report has been filed electronically.

MAIL TO: Secretary of State, Business Registration Division, Post Office Box 29525, Raleigh, NC 27626-0525