

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000009862

**FILED  
Jan 20, 2015  
Secretary of State  
CC6016275086**

**Entity Name:** STRUCTURED ASSET SERVICES, LLC

**Current Principal Place of Business:**

3625 WEST BROWARD BLVD.  
2ND FLOOR  
FORT LAUDERDALE, FL 33312

**Current Mailing Address:**

3625 WEST BROWARD BLVD.  
2ND FLOOR  
FORT LAUDERDALE, FL 33312 US

**FEI Number:** 65-1115364

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSEFF, MICHAEL  
3625 WEST BROWARD BLVD.  
2ND FLOOR  
FORT LAUDERDALE, FL 33312 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 MGRM  
Name ASSEFF, MICHAEL A  
Address 3625 WEST BROWARD BLVD.  
2ND FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33312

Title MGRM  
Name SAVYSKY, ANDREW  
Address 3625 WEST BROWARD BLVD.  
2ND FLOOR  
City-State-Zip: FORT LAUDERDALE FL 33312

*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:** ANDREW SAVYSKY

**MANAGER**

**01/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date