

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000068560

Entity Name: EQUIFUND SERVICES, LLC

Current Principal Place of Business:

1249 N LAKE PARKER AVE
LAKELAND, FL 33805

Current Mailing Address:

1249 N LAKE PARKER AVE
LAKELAND, FL 33805 US

FEI Number: 26-2617809

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARROLL, STEVE T
1249 N LAKE PARKER AVE
LAKELAND, FL 33805 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 CARROLL, SHERRY L
Address 1249 N LAKE PARKER AVE
City-State-Zip: LAKELAND FL 33805

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: SHERRY CARROLL

MGRM

01/08/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date