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: STEVEN FEIN

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L13000103037

Entity Name: THE COMMUNITY ASSOCIATION COLLECTION SOLUTION, LLC

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

900 SOUTH STATE ROAD 7 PLANTATION FL 33317

Current Mailing Address:

900 SOUTH STATE ROAD7 PLANTATION, FL 33317 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

FEIN, STEVEN 900 SOUTH STATE ROAD7 PLANTATION, FL 33317 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

Authorized Person(s) Detail :

| Title | MGRM | Title | MGRM |
|-----------------|------------------------|-----------------|------------------------|
| Name | FEIN, STEVEN | Name | FEIN, HILARY |
| Address | 900 SOUTH STATE ROAD 7 | Address | 900 SOUTH STATE ROAD 7 |
| City-State-Zip: | PLANTATION FL 33317 | City-State-Zip: | PLANTATION FL 33317 |

MGRM

Date

Certificate of Status Desired: No

FILED Apr 24, 2014 Secretary of State CC0966703207

Date

04/24/2014