

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000121038

**FILED**  
**Aug 15, 2014**  
**Secretary of State**  
**CC7032073930**

**Entity Name:** ARBITRAGE SETTLEMENS, LLC

**Current Principal Place of Business:**

905 WYNDEMERE WAY  
NAPLES, FL 34105

**Current Mailing Address:**

905 WYNDEMERE WAY  
NAPLES, FL 34105 US

**FEI Number:** 46-5532810

**Certificate of Status Desired:** Yes

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

SANTOLLI, CARL J  
905 WYNDEMERE WAY  
NAPLES, FL 34105 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	MGR	Title	MGRM
Name	SANTOLLI, CARL J CLU	Name	SANTOLLI, SALLY I
Address	905 WYNDEMERE WAY	Address	905 WYNDEMERE WAY
City-State-Zip:	NAPLES FL 34105	City-State-Zip:	NAPLES FL 34105

Title MGRM  
Name SHOCKLEE-FUSARO, ROSEMARY  
Address 1305 HENLEYRE WAY  
City-State-Zip: NAPLES FL 34105

*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:** CARL J. SANTOLLI, CLU

**MGR**

**08/15/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date