

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000138792

**Entity Name:** INTERN LOAN HOLDINGS, LLC

**Current Principal Place of Business:**

12550 BISCAYNE BOULEVARD  
SUITE 602  
NORTH MIAMI, FL 33181

**FILED**  
**Apr 27, 2015**  
**Secretary of State**  
**CC0021824817**

**Current Mailing Address:**

12550 BISCAYNE BOULEVARD  
SUITE 602  
NORTH MIAMI, FL 33181 US

**FEI Number: 46-4263989**

**Certificate of Status Desired: No**

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

KOPELOWITZ, BRIAN  
200 SW 1ST AVENUE  
SUITE 1200  
FORT LAUDERDALE, FL 33301 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 INTERNOSCIA, MICHAEL  
Address 12550 BISCAYNE BOULEVARD, SUITE  
602  
City-State-Zip: NORTH MIAMI FL 33181

Title MGRM  
Name SORIN, TRACY D  
Address 12550 BISCAYNE BOULEVARD, SUITE  
602  
City-State-Zip: NORTH MIAMI FL 33181

*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: INTERNOSCIA , MICHAEL**

**MANAGER**

**04/27/2015**

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

\_\_\_\_\_  
Date