

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000149255

**Entity Name:** PMSI SETTLEMENT SOLUTIONS, LLC

**FILED**  
**Mar 20, 2019**  
**Secretary of State**  
**5368747849CC**

**Current Principal Place of Business:**

6410 POPLAR AVE.  
SUITE 800  
MEMPHIS, TN 38119

**Current Mailing Address:**

6410 POPLAR AVE.  
SUITE 800  
MEMPHIS, TN 38119 US

**FEI Number: 59-3166848**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MANAGER  
Name: FARMER, DAVID CROWN  
Address: 6410 POPLAR AVE.  
SUITE 800  
City-State-Zip: MEMPHIS TN 38119

Title: MANAGER  
Name: OBERG, DAVID JOHN  
Address: 17900 VON KARMAN AVE.  
City-State-Zip: IRVINE CA 92614

Title: MANAGER  
Name: LANG, HEATHER ANASTASIA  
Address: 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title: MANAGER  
Name: BENCIVENGA, JOHN WILLIAM  
Address: 175 KELSEY LANE  
City-State-Zip: TAMPA FL 33619

Title: MANAGER  
Name: PETERSON, KAREN ELIZABETH  
Address: 1600 MCCONNOR PARKWAY  
City-State-Zip: SCHAUMBURG IL 60173

Title: MANAGER  
Name: GILL, PETER MARSHALL  
Address: 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title: MANAGER  
Name: YOUNG, DAVID WAYNE  
Address: 7105 MOORES LANE  
City-State-Zip: BRENTWOOD TN 37027

Title: MANAGER  
Name: GROSKLAGS, JEFFREY DAVID  
Address: 11020 OPTUM CIRCLE  
MN102-0800  
City-State-Zip: EDEN PRAIRIE MN 55344

*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: HEATHER ANASTASIA LANG**

**MANAGER**

**03/20/2019**

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

\_\_\_\_\_  
Date