

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000214971

**Entity Name:** FINANCIAL DATA SERVICES, LLC

**Current Principal Place of Business:**

4800 DEER LAKE DRIVE EAST  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

401 N TRYON ST, NC1-021-06-01  
CHARLOTTE, NC 28255 US

**FEI Number:** 13-3749871

**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           LOUZONIS, INEZ M  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title           VP  
Name           HOLMAN, CRYSTAL  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title           MANAGER  
Name           QUINN, JOHN J JR.  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title           MANAGER  
Name           GLENFIELD, KEITH  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title           MANAGER  
Name           TOWEY, JOHN J  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

Title           MANAGER  
Name           MATCHETT, MERRILEE J  
Address        401 N TRYON ST, NC1-021-06-01  
City-State-Zip: CHARLOTTE NC 28255

*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:** CRYSTAL HOLMAN

VP

06/30/2020

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

\_\_\_\_\_  
Date