

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000004184

**Entity Name:** NATIONAL LINK, L.L.C.

**Current Principal Place of Business:**

300 CORPORATE CENTER DRIVE  
SUITE 300  
MOON TOWNSHIP, PA 15108

**Current Mailing Address:**

C/O APRIL JOHNSON  
601 RIVERSIDE AVENUE  
JACKSONVILLE, FL 32204 US

**FEI Number:** 33-1098667

**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 MGRM  
Name NATIONAL CITY PARTNERSHIP SOLUTIONS, INC.  
Address 1900 EAST NINTH STREET  
City-State-Zip: CLEVELAND OH 44114

Title MGRM  
Name SERVICELINK NLS, LLC  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

*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:** SERVICELINK NLS, LLC

MGRM

04/20/2016

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

\_\_\_\_\_  
Date