

2015 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: APRIL L. JOHNSON

AUTHORIZED SIGNER

04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date