

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000002930

**Entity Name:** MUNISERVICES, LLC

**Current Principal Place of Business:**

120 CORPORATE BLVD  
SUITE 100  
NORFOLK, VA 23502

**Current Mailing Address:**

120 CORPORATE BLVD  
SUITE 100  
NORFOLK, VA 23502 US

**FEI Number:** 13-3528885

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMBER  
Name PORTFOLIO RECOVERY ASSOCIATES  
INC.  
Address 120 CORPORATE BLVD  
SUITE 100  
City-State-Zip: NORFOLK VA 23502

Title PRESIDENT  
Name ROBERTS, STEVE  
Address 120 CORPORATE BLVD  
SUITE 100  
City-State-Zip: NORFOLK VA 23502

*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:** STEVE ROBERTS

**AUTHORIZED PERSON**

**04/29/2015**

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

\_\_\_\_\_  
Date