

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002195

Entity Name: STREETLINKS LLC**Current Principal Place of Business:**444 E. WASHINGTON STREET
INDIANAPOLIS, IN 46204**Current Mailing Address:**444 E. WASHINGTON STREET
INDIANAPOLIS, IN 46204 US**FEI Number:** 76-0787617**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AMERICAN BANKERS INSURANCE GROUP, INC.
Address 11222 QUAIL ROOST DRIVE
City-State-Zip: MIAMI FL 33157

Title MANAGER
Name MEIRINK , STEVE
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title MANAGER
Name FROBOSE , JOHN AUGUST
Address 260 INTERSTATE NORTH CIRCLE SE
City-State-Zip: ATLANTA GA 30339

Title MANAGER
Name THOMAS , HURST
Address 444 E. WASHINGTON STREET
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER
Name CAMPBELL , MICHAEL
Address 2677 N. MAIN STREET SUITE 600
City-State-Zip: SANTA ANA CA 92705

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 MEIRINK

MANAGER

04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date