

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002460

**Entity Name:** PHOENIX MANAGEMENT SERVICES OF DELAWARE, LLC

**Current Principal Place of Business:**

401 EAST OLAS BLVD., SUITE 1400  
FORT LAUDERDALE, FL 33301

**Current Mailing Address:**

110 COMMONS COURT  
CHADDS FORD, PA 19317 US

**FEI Number:** 36-4709725

**Certificate of Status Desired:** Yes

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

COLISTRA, VINCE  
401 EAST OLAS BLVD., SUITE 1400  
FORT LAUDERDALE, FL 33301 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:** VINCE COLISTRA

02/23/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name JACOBY, MICHAEL  
Address 110 COMMONS COURT  
City-State-Zip: CHADDS FORD PA 19317

Title MGRM  
Name MCCAULEY, MICHAEL  
Address 110 COMMONS COURT  
City-State-Zip: CHADDS FORD PA 19317

Title AUTHORIZED MEMBER  
Name FLEET, JIM  
Address TEN POST OFFICE SQUARE N  
SUITE 605  
City-State-Zip: BOSTON MA 02109

Title AUTHORIZED MEMBER  
Name GLEASON, BRIAN  
Address 110 COMMONS COURT  
City-State-Zip: CHADDS FORD PA 19317

Title AUTHORIZED MEMBER  
Name COLISTRA, VINCE  
Address 401 EAST OLAS BLVD., SUITE 1400  
City-State-Zip: FORT LAUDERDALE FL 33301

*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:** MICHAEL E JACOBY

PRESIDENT

02/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date