

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000002527

**Entity Name:** SL SERVICING, LLC**Current Principal Place of Business:**4 HUTTON CENTRE DR.  
SUITE 150-A  
SANTA ANA, CA 92707**Current Mailing Address:**555 ANTON BLVD  
3RD FLOOR  
COSTA MESA, CA 92626 US**FEI Number:** 46-0946712**Certificate of Status Desired:** Yes**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	CFO
Name	FABIAN, GARY
Address	4 HUTTON CENTRE DR., SUITE 150-A
City-State-Zip:	SANTA ANA CA 92707

Title	PRESIDENT
Name	LE, KATHERINE
Address	4 HUTTON CENTRE DR. SUITE 150-A
City-State-Zip:	SANTA ANA CA 92707

Title	CEO
Name	HALE, BRIAN
Address	4 HUTTON CENTRE DR., SUITE 150-A
City-State-Zip:	SANTA ANA CA 92707

Title	CHAIRMAN
Name	STEARNS, GLENN
Address	4 HUTTON CENTRE DR., SUITE 150-A
City-State-Zip:	SANTA ANNA CA 92707

Title	SECRETARY
Name	CRAWFORD, KAREN
Address	4 HUTTON CENTRE DR. SUITE 150-A
City-State-Zip:	SANTA ANA CA 92707

*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:** KAREN CRAWFORD**SECRETARY****05/28/2014**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date