#### **2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000000058

Entity Name: LOANSIFTER, LLC

Mar 21, 2019 **Secretary of State** 6252718954CC

**FILED** 

# **Current Principal Place of Business:**

5340 LEGACY DRIVE BUILDING 2, 2ND FLOOR PLANO, TX 75024

### **Current Mailing Address:**

5340 LEGACY DRIVE **BUILDING 2, 2ND FLOOR** PLANO, TX 75024 US

FEI Number: 46-4355181 Certificate of Status Desired: No

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

NRAI SERVICES, INC. 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: MARK WILLIAMS 03/21/2019

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title **MEMBER** 

OPTIMAL BLUE, LLC Name Address 5340 LEGACY DRIVE

**BUILDING 2, 2ND FLOOR** 

City-State-Zip: PLANO TX 75024

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.

**MEMBER** 

Electronic Signature of Signing Authorized Person(s) Detail

SIGNATURE: OPTIMAL BLUE, LLC

03/21/2019

Date