

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000001183

Entity Name: SERVICELINK DEFAULT SOLUTIONS, LLC

Current Principal Place of Business:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

Current Mailing Address:

601 RIVERSIDE AVE
JACKSONVILLE, FL 32204

FEI Number: 01-0560689

Certificate of Status Desired: No

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 MBR
Name SERVICELINK DEFAULT SERVICES,
LLC
Address 601 RIVERSIDE AVE
City-State-Zip: JACKSONVILLE FL 32204

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: APRIL L JOHNSON

**ASST. CORPORATE
SECRETARY**

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date