

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000008333

**Entity Name:** ROUNDPOINT MORTGAGE SOLUTIONS, LLC

**Current Principal Place of Business:**

446 WRENPLACE ROAD  
SUITE C301  
FORT MILL, SC 29715

**FILED**  
**Apr 04, 2024**  
**Secretary of State**  
**1001297994CC**

**Current Mailing Address:**

446 WRENPLACE ROAD  
SUITE C301  
FORT MILL, SC 29715 US

**FEI Number: 30-1000291**

**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:** KAITLYN ROSE

04/04/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, CEO  
Name            GREENBERG, WILLIAM  
Address        575 LEXINGTON AVENUE  
                  SUITE 2930  
City-State-Zip: NEW YORK NY 10022

Title            TREASURER, CFO  
Name            RISKEY , MARY  
Address        1601 UTICA AVE S  
                  SUITE 900  
City-State-Zip: ST. LOUIS PARK MN 55416

Title            SECRETARY  
Name            BOUCHER, NATHAN  
Address        446 WRENPLACE ROAD  
City-State-Zip: FORT MILL SC 29715

Title            VP  
Name            HARVIN, JAMES  
Address        964 PEBBLEBROOK LANE  
City-State-Zip: EAST LANSING MI 48823

Title            VP  
Name            SANDBERG, REBECCA  
Address        446 WRENPLACE ROAD  
City-State-Zip: FORT MILL SC 29715

Title            VP  
Name            HUGHES, DAVID  
Address        446 WRENPLACE ROAD  
City-State-Zip: FORT MILL SC 29715

*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:** MARY K. RISKEY

**CHIEF FINANCIAL  
OFFICER**

04/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date