

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # M02000003449

1. Entity Name

LENDINGLINK, LLC



Principal Place of Business

345 ROUSER ROAD, BUILDING NO. 5
CORAOPOLIS PA 15108

Mailing Address

345 ROUSER ROAD, BUILDING NO. 5
CORAOPOLIS PA 15108

2. Principal Place of Business

3. Mailing Address

4500 Bohannon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Cynthia Bock

City & State

City & State

Menlo Park, CA 94025

Zip

Country

Zip

Country

94025

USA

4. FEI Number

20-0001756

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	GELBARD, ARLEN W	
STREET ADDRESS	671 NORTH GLEBE ROAD	
CITY-ST-ZIP	ARLINGTON VA 22203	
TITLE	Sole Member	<input type="checkbox"/> Delete
NAME	E*TRADE Settlement Services	
STREET ADDRESS	671 N Glebe Rd	
CITY-ST-ZIP	Arlington, VA 22203	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000052932870	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:

Cynthia Bock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/26/2005 331-3000

05 APR 29 AM 10:50
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

1st MOORE

CR2E083 (10/04)



CORPORATION SERVICE COMPANY

M020000003449

ACCOUNT NO. : 072100000032

REFERENCE : 343050 7188063

AUTHORIZATION :

Patricia Pajito

COST LIMIT : \$ 50.00

ORDER DATE : April 28, 2005

ORDER TIME : 10:09 AM

ORDER NO. : 343050-015

CUSTOMER NO: 7188063

CUSTOMER: Adriana Botto
E*trade Financial Corporation
4500 Bohannon Drive

Menlo Park, CA 94025-1041

ANNUAL REPORT FILING

NAME: LENDINGLINK, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan-EXT#2955

EXAMINER'S INITIALS: _____

RECEIVED
05 APR 29 AM 10:52
DIVISION OF CORPORATION
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED
05 APR 29 AM 10:50