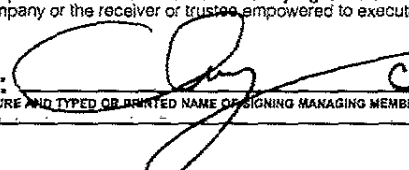


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # M03000003227			
1. Entity Name LENDING LINK SETTLEMENT SERVICES, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 345 ROUSER ROAD, BLDG #5 Suite, Apt. #, etc.		3. Mailing Address 345 ROUSER ROAD, BLDG #5 Suite, Apt. #, etc.	
City & State CORAOPOLIS, PA		City & State CORAOPOLIS, PA	
Zip 15108	Country USA	Zip 15108	Country USA
4. FEI Number 57-1178063		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name C T CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD			
City PLANTATION		FL	Zip Code 33324
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 _____ DATE _____ Signature, typed or printed name of registered agent and date if applicable.			
		FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER FRANCIS H. AZUR 345 ROUSER ROAD, BLDG #5 CORAOPOLIS, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000144678 04/30/04-80141-017 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER CHRISTOPHER F. AZUR 345 ROUSER ROAD, BLDG #5 CORAOPOLIS, PA 15108	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 606, Florida Statutes.			
SIGNATURE: 		Christopher Azur	4/29/04 (412) 299-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	Daytime Phone #

CR2E063B (12/02)