

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000053023

Entity Name: PORTFOLIO MANAGEMENT OUTSOURCING SOLUTIONS, LLC

Current Principal Place of Business:

2002 SUMMIT BOULEVARD, SUITE 600
ATLANTA, GA 30319

Current Mailing Address:

1661 WORTHINGTON ROAD
SUITE 100
WEST PALM BEACH, FL 33409 US

FEI Number: 26-2712102

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 MANAGER
Name SHEPRO, WILLIAM B.
Address 40, AVENUE MONTEREY
City-State-Zip: LUXEMBOURG CITY L-2163

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: SHEPRO , WILLIAM B.

MANAGER

04/11/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date