

2013 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:

2002 SUMMIT BOULEVARD, SUITE 600
ATLANTA, GA 30319 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 291, ROUTE D'ARLON
City-State-Zip: LUXEMBOURG CITY LUXEMBOURG
 L-1150

Title MANAGER
Name ESTERMAN, MICHELLE D.
Address 291, ROUTE D'ARLON
City-State-Zip: LUXEMBOURG CITY LUXEMBOURG
 L-1150

Title MANAGER
Name WILCOX, KEVIN J.
Address 291, ROUTE D'ARLON
City-State-Zip: LUXEMBOURG CITY LUXEMBOURG
 L-1150

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM B. SHEPRO

MANAGER

04/08/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date