

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000148780

Entity Name: BENCHMARK ASSET RECOVERY TEAM, LLC

Current Principal Place of Business:

4348 SOUTHPOINT BLVD. SUITE 310
JACKSONVILLE, FL 32216

Current Mailing Address:

4348 SOUTHPOINT BLVD. SUITE 310
JACKSONVILLE, FL 32216

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BUSH, KELLY T
4348 SOUTHPOINT BLVD. SUITE 310
JACKSONVILLE, FL 32216 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 C
Name NICHOLSON, WILLARD BJR
Address 14402 MARINA SAN PABLO PLACE,
#503
City-State-Zip: JACKSONVILLE FL 32224

Title P
Name NICHOLSON, WILLARD BIII
Address 8 SAN JUAN CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title VP
Name BUSH, KELLY T
Address 1016 N. 8TH STREET
City-State-Zip: JACKSONVILLE BEACH FL 32250

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: KELLY T BUSH

VP

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date