

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000214971

Entity Name: FINANCIAL DATA SERVICES, LLC

Current Principal Place of Business:

4800 DEER LAKE DRIVE EAST
JACKSONVILLE, FL 32246

Current Mailing Address:

401 N TRYON ST, NC1-021-06-01
CHARLOTTE, NC 28255 US

FEI Number: 13-3749871

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 LOUZONIS, INEZ M
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title VP
Name HOLMAN, CRYSTAL
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER
Name QUINN, JOHN J JR.
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER
Name GLENFIELD, KEITH
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER
Name TOWEY, JOHN J
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

Title MANAGER
Name MATCHETT, MERRILEE J
Address 401 N TRYON ST, NC1-021-06-01
City-State-Zip: CHARLOTTE NC 28255

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: CRYSTAL HOLMAN

VP

06/30/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date