

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M03000003498

**Entity Name:** RESIDENTIAL FACILITATORS, LLC

**Current Principal Place of Business:**

345 ROUSER ROAD  
CORAOPOLIS, PA 15108

**Current Mailing Address:**

C/O MADELINE G. M. LOVEJOY  
2510 N REDHILL AVE  
SANTA ANA, CA 92705

**FEI Number:** 57-1178073

**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 MGR  
Name ATM HOLDINGS. INC.  
Address 345 ROUSER ROAD  
City-State-Zip: CORAOPOLIS PA 15108

Title PCEO  
Name QUIRK, RAYMOND R  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

Title CFO  
Name PARK, ANTHONY J  
Address 601 RIVERSIDE AVE  
City-State-Zip: JACKSONVILLE FL 32204

*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:** ATM HOLDINGS INC

MGR

02/26/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date