

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000003498

Entity Name: RESIDENTIAL FACILITATORS, LLC**Current Principal Place of Business:**1400 CHERRINGTON PKWY
MOON TOWNSHIP, 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. LLC |
| Address | 1400 CHERRINGTON PKWY |
| City-State-Zip: | MOON TOWNSHIP 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 |

| | |
|-----------------|-----------------------|
| Title | EVP/GC/S |
| Name | GRAVELLE, MICHAEL L |
| 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ATM HOLDINGS, LLC**MGRM****02/21/2014**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date