#### 2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000003761

Entity Name: BLACK KNIGHT MANAGEMENT SERVICES, LLC

FILED
Apr 24, 2014
Secretary of State
CC4545070249

# **Current Principal Place of Business:**

601 RIVERSIDE AVE JACKSONVILLE. FL 32204

### **Current Mailing Address:**

601 RIVERSIDE AVE JACKSONVILLE, FL 32204

FEI Number: 26-1550692 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 MGRM

Name BLACK KNIGHT TECHNOLOGY

SOLUTIONS, LLC

Address 601 RIVERSIDE AVE

City-State-Zip: JACKSONVILLE FL 32204

SIGNATURE: APRIL L. JOHNSON

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.

Electronic Signature of Signing Authorized Person(s) Detail

ASST. CORP. SEC. 04/24/2014

Date