

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005349

FILED
Mar 23, 2017
Secretary of State
CC1981531395

Entity Name: OPTIMA LENDER SERVICES, LLC

Current Principal Place of Business:

4640 RICHMOND ROAD, SUITE 100
CLEVELAND, OH 44128

Current Mailing Address:

4640 RICHMOND ROAD, SUITE 100
CLEVELAND, OH 44128

FEI Number: 27-2934429

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: HOLLY JONES, ASSISTANT VP

03/23/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NEO INVESTMENT GROUP, LLC
Address 4640 RICHMOND ROAD, SUITE 100
City-State-Zip: CLEVELAND OH 44128

Title MGR
Name PRONTO, RAY
Address 19069 S.E. WINDWARD ISLAND LANE
City-State-Zip: JUPITER FL 33458

Title MGR
Name ARDAUGH PARTNERS, LP
Address 56 UPPER FERRY LANE
City-State-Zip: NORWELL MA 02061

Title MGR
Name SGP DELAWARE, LLC
Address P.O. BOX 20
City-State-Zip: ISLAND POINT VT 05846

Title MGR
Name JRP DELAWARE, LLC
Address P.O. BOX 20
City-State-Zip: ISLAND POND VT 05846

Title MGR
Name REED, JAMES R JR.
Address 350 CAROLINA AVE.
City-State-Zip: CHESTER WV 26034

Title MGR
Name KRUG, EDWARD JOSEPH
Address 108 STILLWOOD DRIVE
City-State-Zip: MOON TOWNSHIP PA 15108

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: JODI A. CHIAPPETTA

RISK AND COMPLIANCE 03/23/2017
OFFICER

Electronic Signature of Signing Authorized Person(s) Detail

Date