

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M12000001870

Entity Name: NOVARE SETTLEMENT HOLDINGS, LLC**Current Principal Place of Business:**320 COMMERCE STE 150
IRVINE, CA 92602**Current Mailing Address:**C/O MADELINE G. M. LOVEJOY
3210 EL CAMINO REAL STE 200
IRVINE, CA 92602 US**FEI Number:** 45-3135599**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	D/PRES/CEO
Name	MCINDOO, CATHY
Address	320 COMMERCE STE 150
City-State-Zip:	IRVINE CA 92602

Title	MBR
Name	FNTS HOLDINGS, LLC
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	AVP/AS
Name	LOVEJOY, MADELINE G. M.
Address	3210 EL CAMINO REAL STE 200
City-State-Zip:	IRVINE CA 92602

Title	D/EVP
Name	JEWKES, ROGER S
Address	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

Title	EVP/GC/S
Name	GRAVELLE, MICHAEL L
Address	1701 VILLAGE CENTER CIRCLE
City-State-Zip:	LAS VEGAS NV 89134

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

Title	SVP/T
Name	MURPHY, DANIEL K
Address	601 RIVERSIDE AVE
City-State-Zip:	JACKSONVILLE FL 32204

Title	D/EVP
Name	DUBOIS, DONALD A.
Address	1300 DOVE ST STE 310
City-State-Zip:	NEWPORT BEACH CA 92660

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: MADELINE G. M. LOVEJOY

AVP/AS

02/24/2017

Electronic Signature of Signing Authorized Person(s) Detail_____
Date