2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2017
Secretary of State
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Entity Name: ALS RESOLVION, LLC

Current Principal Place of Business:

1150 LAKE HEARN DRIVE STE 640
ATLANTA, GA 30342

Current Mailing Address:

1150 LAKE HEARN DRIVE STE 640
ATLANTA, GA 30342

FEI Number: 27-1529990

Certificate of Status Desired: Yes

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: KEVIN SHIOTELIS 01/09/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	LEVISON, MICHAEL
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

Title	MGR
Name	BENJAMIN, GERALD A
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

Title	MGR
Name	CORRELL, A.D. "PETE"
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

Title	MGR
Name	MELSON, DOUG
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

Title	MGR
Name	DOUGLASS, JAMES
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

Title	MGR
Name	LEWIS, PHILIP
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

Title	CFO
Name	SHIOTELIS, KEVIN MATTHEW
Address	1150 LAKE HEARN DRIVE STE 640
City-State-Zip:	ATLANTA GA 30342

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: KEVIN SHIOTELIS CFO 01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date