No. <b>W 132920</b>		Due no later than Jan 31, 2016 2. Registered Agent and Address (NO PO BOX)					PO BOX)
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  ASSURANT SERVICES, LLC 260 INTERSTATE NORTH CIRCLE SE ATLANTA GA 30339-2210 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 STE 268 BOISE ID 83713  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresse	es of at least one Member or Manager				
Office Held	Name	nes and made esse	Street or PO Address	City	State	Country	Postal Code
MANAGER MANAGER	MICHAEL CAMPBELL JOHN FROBOSE		2677 N. MAIN STREET 260 INTERSTATE NORTH CIRCLE SE	SANTA ANA ATLANTA	CA GA	USA USA	92705 30339-2210
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
TX W 132920		Signature: MICHAEL CAMPBELL Date: 12/08/2015					
		Name (type o		Title: MANAGER			
Processed 12/08/2015		* Electronically p	rovided signatures are accepted as original sign	natures.			