

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000002195

**Entity Name:** STREETLINKS LLC**Current Principal Place of Business:**444 E. WASHINGTON STREET  
INDIANAPOLIS, IN 46204**Current Mailing Address:**444 E. WASHINGTON STREET  
INDIANAPOLIS, IN 46204 US**FEI Number:** 76-0787617**Certificate of Status Desired:** No**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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MEMBER  
Name AMERICAN BANKERS INSURANCE GROUP, INC.  
Address 11222 QUAIL ROOST DRIVE  
City-State-Zip: MIAMI FL 33157

Title MANAGER  
Name MEIRINK , STEVE  
Address 260 INTERSTATE NORTH CIRCLE SE  
City-State-Zip: ATLANTA GA 30339

Title MANAGER  
Name FROBOSE , JOHN AUGUST  
Address 260 INTERSTATE NORTH CIRCLE SE  
City-State-Zip: ATLANTA GA 30339

Title MANAGER  
Name THOMAS , HURST  
Address 444 E. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title MANAGER  
Name CAMPBELL , MICHAEL  
Address 2677 N. MAIN STREET SUITE 600  
City-State-Zip: SANTA ANA CA 92705

*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:** STEVE MEIRINK

MANAGER

04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date