

**2016 FOREIGN LIMITED LIABILITY COMPANY AMENDED 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 ASSURANT SERVICES, LLC  
Address 260 INTERSTATE NORTH CIRCLE SE  
City-State-Zip: ATLANTA GA 30339-2210

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:** MICHAEL CAMPBELL

**MANAGER**

**06/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date