Entity Name: ATLANTIC CAPITAL-STUART MARKETPLACE LLC

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

ONE NORTH CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401

Current Mailing Address:

DOCUMENT# L0500003494

ONE NORTH CLEMATIS STREET, SUITE 200 WEST PALM BEACH, FL 33401

FEI Number: 16-1735187

Name and Address of Current Registered Agent:

TABERNILLA, ARMANDO A ONE NORTH CLEMATIS STREET, SUITE200 WEST PALM BEACH, FL 33401 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

Authorized Person(s) Detail :

	Title	Ρ	Title	SENIOR VICE PRESIDENT
	Name	FANJUL, JOSE F. JR.	Name	BLOMQVIST, ERIK J
	Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	ONE NORTH CLEMATIS STREET SUITE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
	Title	VS	Title	VICE PRESIDENT OF TAXATION
	Name	TABERNILLA, ARMANDO A	Name	ZUKOWSKI, PHILIP M
	Address	ONE NORTH CLEMATIS STREET SUITE 200	Address	ONE NORTH CLEMATIS ST. SUITE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401
	Title	MANAGER	Title	VP, FINANCE & TREASURER
	Name	FLORIDA CRYSTALS CORPORATION	Name	LONDONO, ALEJANDRO
	Address	ONE NORTH CLEMATIS STREET, SUITE 200	Address	ONE NORTH CLEMATIS STREET, SUITE 200
	City-State-Zip:	WEST PALM BEACH FL 33401	City-State-Zip:	WEST PALM BEACH FL 33401

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: ARMANDO A. TABERNILLA

VICE PRESIDENT

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Certificate of Status Desired: No

Date