

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000149207

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC1769095152**

**Entity Name:** TRUST AND SERVICES USA LLC

**Current Principal Place of Business:**

2600 S DOUGLAS ROAD, SUITE 913  
CORAL GABLES, FL 33134

**Current Mailing Address:**

2600 S DOUGLAS ROAD, SUITE 913  
CORAL GABLES, FL 33134 US

**FEI Number:** 46-1666572

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

INTERNATIONAL ADVISORS SERVICES LLC  
2600 S DOUGLAS ROAD, SUITE 913  
CORAL GABLES, FL 33134 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:** MARIANA SANCHEZ PEREZ

04/26/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name MONCADA MORALES, HUMBERTO  
Address 2600 S DOUGLAS ROAD, SUITE 913  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name ABREU, MIRTA  
Address 2600 S DOUGLAS ROAD, SUITE 913  
City-State-Zip: CORAL GABLES FL 33134

Title MGR  
Name VASQUEZ DESTOUESSE, CARLOS  
ARTURO  
Address 2600 S DOUGLAS ROAD, SUITE 913  
City-State-Zip: CORAL GABLES FL 33134

*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:** ABREU , MIRTA

MGR

04/26/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date