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: ANDERSON

Electronic Signature of Signing Authorized Person(s) Detail

ANDERSON, K 4300 W. LAKE MARY BLVD. 1010 LAKE MARY, FL 32746 US

# 2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000030919

Entity Name: MARKETS TRUST, LLC

# **Current Principal Place of Business:**

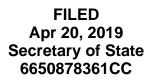
4300 W. LAKE MARY BLVD. **SUITE 1010** LAKE MARY, FL 32746

#### **Current Mailing Address:**

P.O. BOX 950983 LAKE MARY, FL 32795 US

## FEI Number: NOT APPLICABLE

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



04/20/2019 Date

Certificate of Status Desired: No

Electronic Signature of Registered Agent

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.

### Authorized Person(s) Detail :

SIGNATURE: K ANDERSON

| Title           | MGRM             | Title           | MGRM             |
|-----------------|------------------|-----------------|------------------|
| Name            | ANDERSON, K      | Name            | ANDERSON, D      |
| Address         | P.O. BOX 607684  | Address         | P.O. BOX 607684  |
| City-State-Zip: | ORLANDO FL 32860 | City-State-Zip: | ORLANDO FL 32860 |

04/20/2019