

**2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000122426

**FILED**  
**Mar 27, 2015**  
**Secretary of State**  
**CC6204211472**

**Entity Name:** WIN CAPITAL, LLC

**Current Principal Place of Business:**

3500 MYSTIC POINTE DRIVE, SUITE 1104  
AVENTURA, FL 33180

**Current Mailing Address:**

3500 MYSTIC POINTE DRIVE, SUITE 1104  
AVENTURA, FL 33180

**FEI Number:** 46-3293302

**Certificate of Status Desired:** No

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

KIPERSHMIT, CARLOS  
3500 MYSTIC POINTE DRIVE, SUITE 1104  
AVENTURA, FL 33180 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 MGRM  
Name KIPERSHMIT, CARLOS  
Address 3500 MYSTIC POINTE DRIVE, SUITE 1104  
City-State-Zip: AVENTURA FL 33180

Title VP  
Name SIEBERT, ALFREDO  
Address 5600 COLLINS AV 4M  
City-State-Zip: MIAMI BEACH FL 33140

Title VP  
Name KIPERSHMIT, NORMA BEATRIZ  
Address 3500 MYSTIC POINTE DRIVE, SUITE 1104  
City-State-Zip: AVENTURA FL 33180

*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:** CARLOS KIPERSHMIT

**GENERAL MANGER**

**03/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date