

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000122426

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

PRES

01/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date