

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000105130

**Entity Name:** ACTITRUST WEALTH MANAGEMENT LLC

**Current Principal Place of Business:**

300 S. PINE ISLAND RD.  
SUITE 305  
PLANTATION, FL 33324

**Current Mailing Address:**

300 S. PINE ISLAND RD.  
SUITE 305  
PLANTATION, FL 33324 US

**FEI Number:** 81-2847141

**Certificate of Status Desired:** No

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

YANES, ALFREDO JORGE  
300 S. PINE ISLAND RD.  
SUITE 305  
PLANTATION, FL 33324 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:** ALFREDO J YANES

01/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                                     |                 |                                     |
|-----------------|-------------------------------------|-----------------|-------------------------------------|
| Title           | MANAGING DIRECTOR                   | Title           | DIRECTOR                            |
| Name            | YANES, ALFREDO J.                   | Name            | YANES, ALEJANDRO                    |
| Address         | 300 S. PINE ISLAND RD.<br>SUITE 305 | Address         | 300 S. PINE ISLAND RD.<br>SUITE 305 |
| City-State-Zip: | PLANTATION FL 33324                 | City-State-Zip: | PLANTATION FL 33324                 |

*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:** ALFREDO J YANES

MANAGING DIRECTOR

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date