2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000065883

Entity Name: CREDICORP CAPITAL, LLC

Current Principal Place of Business:

801 BRICKELL AVE STE 1060 MIAMI, FL 33131

Current Mailing Address:

801 BRICKELL AVE STE 1060 MIAMI. FL 33131 US

FEI Number: 20-2811521 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INTERAMERICAN CORPORATE SERVICES LLC 2525 PONCE DE LEON BLVD STE 1225 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:

Electronic Signature of Registered Agent Date

FILED Mar 08, 2021

Secretary of State

4130245285CC

Date

Authorized Person(s) Detail :

 Title
 COO, CEO, PRESIDENT
 Title
 CCO, AML OFFICER

 Name
 COLL, CARLOS ANDRES
 Name
 CARATINI, DINAH

Address 801 BRICKELL AVE STE 1060 Address 801 BRICKELL AVE STE 1060

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title MGR Title MGR

NameFLIT, MICHELNamePEREZ REYES, ALEJANDROAddress801 BRICKELL AVE STE 1060Address801 BRICKELL AVE STE 1060

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title MGR Title MGR

Name BACA, MARIANO Name GALAN, JUAN PABLO

Address 801 BRICKELL AVE STE 1060 Address 801 BRICKELL AVE STE 1060

City-State-Zip: MIAMI FL 33131 City-State-Zip: MIAMI FL 33131

Title MGR

Name MONTERO, EDUARDO

Address 801 BRICKELL AVE STE 1060

City-State-Zip: MIAMI FL 33131

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 ANDRES COLL COO, CEO, PRESIDENT 03/08/2021

Electronic Signature of Signing Authorized Person(s) Detail