

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000000794

**FILED  
Apr 10, 2015  
Secretary of State  
CC9095565707**

**Entity Name:** STATETRUST CAPITAL, LLC

**Current Principal Place of Business:**

STATETRUST CAPITAL, LLC  
800 BRICKELL AVE., #100  
MIAMI, FL 33131

**Current Mailing Address:**

STATETRUST CAPITAL, LLC  
800 BRICKELL AVE., #100  
MIAMI, FL 33131

**FEI Number:** 65-0941125

**Certificate of Status Desired:** Yes

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

NRAI SERVICES, INC.  
1200 SOUTH PINE ISLAND ROAD  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name VURGAIT, DAVID  
Address 800 BRICKELL AVE., #100  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name TURNES, JOSE  
Address 800 BRICKELL AVE., #100  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name MAYA, JOSE  
Address 800 BRICKELL AVE., #100  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name CIMBAL, JEFF  
Address 800 BRICKELL AVE., #100  
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:** DAVID VURGAIT

**PRESIDENT**

**04/10/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date