

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0400000102

**Entity Name:** STATETRUST GROUP LLC

**Current Principal Place of Business:**

1750 CLINT MOORE RD  
BOCA RATON, FL 33487

**Current Mailing Address:**

1750 CLINT MOORE RD  
BOCA RATON, FL 33487 US

**FEI Number:** 42-1621740

**Certificate of Status Desired:** No

**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 TURNES, JOSE  
Address 1750 CLINT MOORE RD  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name MAYA, JOSE  
Address 1750 CLINT MOORE RD  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name CIMBAL, JEFF  
Address 1750 CLINT MOORE RD  
City-State-Zip: BOCA RATON FL 33487

Title CEOP  
Name TURNES, JOSE L  
Address 1750 CLINT MOORE RD  
City-State-Zip: BOCA RATON FL 33487

Title MGR  
Name PONTE, LOURDES  
Address 1750 CLIENT MOORE RD  
City-State-Zip: BOCA RATON FL 33487

*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:** TURNES , JOSE

02/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date