## 2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

#### DOCUMENT# M0500002966

Entity Name: CITIGROUP SERVICES LLC

#### **Current Principal Place of Business:**

388 GREENWICH STREET NEW YORK, NY 10013

## **Current Mailing Address:**

PO BOX 30509 ATTN: TAX AND REPORTING TAMPA, FL 33630 US

# FEI Number: 06-1747717

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US FILED Apr 15, 2019 Secretary of State 4628987906CC

Certificate of Status Desired: No

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

# Authorized Person(s) Detail :

///			
Title	MANAGER	Title	MANAGER
Name	COHEN, SETH L	Name	SENSALE, PAUL
Address	750 WASHINGTON BLVD	Address	2 COURT SQUARE
City-State-Zip:	STAMFORD CT 06901	City-State-Zip:	LONG ISLAND CITY NY 11101
Title	MEMBER	Title	ASSISTANT TAX OFFICER
Title Name	MEMBER CITICORP BANKING CORPORATION	Title Name	ASSISTANT TAX OFFICER SCHMIDT, JULIE
Name	CITICORP BANKING CORPORATION	Name	SCHMIDT, JULIE 8800 HIDDEN RIVER PARKWAY

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: JULIE SCHMIDT

ASSISTANT TAX OFFICER 04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Date