## 2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000002058

Entity Name: RIALTO CAPITAL MANAGEMENT, LLC

**Current Principal Place of Business:** 

790 NW 107TH AVENUE, SUITE 400

MIAMI, FL 33172

**Current Mailing Address:** 

790 NW 107TH AVENUE, SUITE 400 MIAMI, FL 33172 US

FEI Number: 26-4136837 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 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

FILED Apr 15, 2015

**Secretary of State** 

CC6050950506

Date

Authorized Person(s) Detail:

Title PRES Title CEO

Name KRASNOFF, JEFFREY P Name MILLER, STUART A

Address 730 NW 107TH AVENUE, SUITE 400 Address 700 NW 107TH AVENUE, 2ND FLOOR

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Title SVP Title VP

Name SUSTANA, MARK Name BESSETTE, DIANE

Address 700 NW 107TH AVENUE, 2ND FLOOR Address 700 NW 107TH AVENUE, 2ND FLOOR

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Title VP Title CFO

Name GROSS, BRUCE Name BAIZAN, CHERYL

Address 700 NW 107TH AVENUE, 2ND FLOOR Address 790 NW 107TH AVENUE, SUITE 400

City-State-Zip: MIAMI FL 33172 City-State-Zip: MIAMI FL 33172

Title VP

Name SEIJAS, ANTHONY

Address 790 NW 107TH AVENUE, SUITE 400

City-State-Zip: MIAMI FL 33172

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: CHERYL BAIZAN AUTHORIZED SIGNATOR 04/15/2015

Electronic Signature of Signing Authorized Person(s) Detail