

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000001563

**Entity Name:** STANSBERRY ASSET MANAGEMENT, LLC

**Current Principal Place of Business:**

1350 AVE. OF THE AMERICAS  
4TH FL, STE. 454  
NEW YORK, NY 10019

**Current Mailing Address:**

1350 AVE. OF THE AMERICAS  
4TH FL, STE. 454  
NEW YORK, NY 10019 US

**FEI Number:** 47-5659094

**Certificate of Status Desired:** No

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

VCORP SERVICES, LLC  
5011 SOUTH STATE RD 7  
SUITE 106  
DAVIE, FL 33314 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            CEO  
Name            KALIR, EREZ  
Address        1350 AVE. OF THE AMERICAS,4TH FL,  
                  STE. 454  
City-State-Zip: NEW YORK NY 10019

Title            COO  
Name            O'BRIEN, EAMONN  
Address        1350 AVE. OF THE AMERICAS,4TH FL,  
                  STE. 454  
City-State-Zip: NEW YORK NY 10019

Title            CMO  
Name            LIENESCH, MOLLY  
Address        2000 ALAMEDA DE LUS PULGAS  
City-State-Zip: SAN MATEO CA 94403

Title            CHIEF COMPLIANCE OFFICER  
Name            JOHN, FORMICHELLA  
Address        1350 AVE. OF THE AMERICAS  
                  4TH FL, STE. 454  
City-State-Zip: NEW YORK NY 10019

*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:** JOHN FORMICHELLA

**CHIEF COMPLIANCE  
OFFICER**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date