

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000010550

Entity Name: LS BDC ADVISER, LLC

Current Principal Place of Business:

175 SW 7TH STREET
SUITE 1911
MIAMI, FL 33130

FILED
Apr 26, 2023
Secretary of State
2346678781CC

Current Mailing Address:

PO BOX 25250
PMB 13941
MIAMI, FL 33102-5250 US

FEI Number: 87-1561991

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: MANAGER, CHIEF EXECUTIVE OFFICER, DIRECTOR
Name: DWIN, DAMIEN
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: COHEN, SENDER
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: WINOKUR, BARTON
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: COOPER, EDITH
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: RAINES, FRANK
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: FORMAN, MICHAEL
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: EDWARDS, MICHAELA
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Title: MANAGER
Name: CAO, HUY
Address: 175 SW 7TH STREET SUITE 1911
City-State-Zip: MIAMI FL 33130

Continues on page 2

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: ILEANA STONE

CHIEF COMPLIANCE OFFICER

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name SELIGMANN, PETER
Address 175 SW 7TH STREET
 SUITE 1911
City-State-Zip: MIAMI FL 33130

Title MANAGER
Name VAN AMSON, GEORGE
Address 175 SW 7TH STREET
 SUITE 1911
City-State-Zip: MIAMI FL 33130

Title AUTHORIZED REPRESENTATIVE, CHIEF
 COMPLIANCE OFFICER
Name STONE, ILEANA
Address 175 SW 7TH STREET
 SUITE 1911
City-State-Zip: MIAMI FL 33130