

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000034058

**Entity Name:** ST. THOMAS EPISCOPAL CHURCH ENDOWMENT FUND, L.L.C.

**FILED**  
**Apr 01, 2022**  
**Secretary of State**  
**4127967279CC**

**Current Principal Place of Business:**

5690 S.W. 88 STREET  
CORAL GABLES, FL 33156

**Current Mailing Address:**

5690 S.W. 88 STREET  
CORAL GABLES, FL 33156

**FEI Number:** 59-0751930

**Certificate of Status Desired:** No

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

BRAWNER, PHILIP LESQ.  
2655 LE JEUNE ROAD  
SUITE 302  
CORAL GABLES, FL 33134 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 S. WARDEN  
Name COLES, WENDY  
Address 5690 S.W. 88 STREET  
City-State-Zip: CORAL GABLES FL 33156

Title CHAIR  
Name JOHNSON, LINDA  
Address 5690 SOUTHWEST 88TH STREET  
City-State-Zip: CORAL GABLES FL 33156

Title TREASURER  
Name RAVINET, CLAUDIO  
Address 5690 SOUTHWEST 88TH STREET  
City-State-Zip: MIAMI FL 33156

Title VICE-CHAIR  
Name COLES, WENDY  
Address 5690 SOUTHWEST 88TH STREET  
City-State-Zip: MIAMI FL 33156

Title SECRETARY  
Name CUSACK, ASHLEY  
Address 5690 S.W. 88 STREET  
City-State-Zip: CORAL GABLES FL 33156

*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:** COLES, WENDY

**VICE-CHAIR**

**04/01/2022**

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

\_\_\_\_\_  
Date