

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123149

**Entity Name:** MANAGEMENT TRUST SERVICES, LLC

**Current Principal Place of Business:**

4598 NW 26TH AVENUE  
BOCA RATON, FL 33434-2518

**Current Mailing Address:**

4598 NW 26TH AVENUE  
BOCA RATON, FL 33434-2518 US

**FEI Number: 46-3396044**

**Certificate of Status Desired: No**

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

CAPODILUPO, FRANCIS A  
4598 NW 26TH AVENUE  
BOCA RATON, FL 33434-2518 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 MGRM  
Name CAPODILUPO, FRANCIS ATRUSTEE  
Address 4598 NW 26TH AVENUE  
City-State-Zip: BOCA RATON FL 33434-1528

Title MGRM  
Name SOMMER, SANDRA MTRUSTEE  
Address 4598 NW 26TH AVENUE  
City-State-Zip: BOCA RATON FL 33434

*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: SANDRA M. SOMMER**

**MANAGER MEMBER**

**01/11/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date