2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2017
Secretary of State
CC9318375624

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Entity Name: CITY NATIONAL CAPITAL FINANCE, LLC

Current Principal Place of Business:

C/O CITY NATIONAL BANK
25 W. FLAGLER STREET
MIAMI, FL 33130

Current Mailing Address:

C/O CITY NATIONAL BANK
25 W. FLAGLER STREET
MIAMI, FL 33130 US

FEI Number: 81-1486473

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MARTIN, S. MARSHALL
C/O CITY NATIONAL BANK
25 W. FLAGLER STREET 5TH FLOOR
MIAMI, FL 33130 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	Title	D
Name	CITY NATIONAL BANK OF FLORIDA	Name	GONZALEZ, JORGE
Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET	Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	D	Title	D
Name	BUSTLE, NICOLAS	Name	YARUR, DIEGO
Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET	Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	MGRD	Title	D
Name	CIRA, THOMAS	Name	NUNEZ, MANUEL
Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET	Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130
Title	S	Title	AS
Name	MARTIN, S. MARSHALL	Name	POWERS, MICHAEL
Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET	Address	C/O CITY NATIONAL BANK 25 W. FLAGLER STREET
City-State-Zip:	MIAMI FL 33130	City-State-Zip:	MIAMI FL 33130

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: MARSHALL MARTIN REGISTERED AGENT 03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date