

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000250337

Entity Name: BANDENIA BANCORP & TRUST LLC**Current Principal Place of Business:**1401 N. UNIVERSITY DR
SUITE 501
CORAL SPRINGS, FL 33071**Current Mailing Address:**1401 N. UNIVERSITY DR
SUITE 501
CORAL SPRINGS, FL 33071 US**FEI Number:** APPLIED FOR**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CARMONA & ASSOCIATES, INC.
7270 NW 12 STREET
SUITE 645
MIAMI, FL 33126 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:** EMERSON CARMONA

04/04/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CHAIRMAN, NON-EXECUTIVE
DIRECTOR
Name ARTILES, JOSE MIGUEL
Address 1401 N. UNIVERSITY DR
SUITE 501
City-State-Zip: CORAL SPRINGS FL 33071

Title HEAD OF INTERNAL AUDIT
Name BULENT, OSMAN
Address 54 FRANCIS ROAD
City-State-Zip: ORPINGTON BR5 3LZ

Title CEO
Name MODAFFERI, GIOVANNI
Address 77 YORK STREET
City-State-Zip: BEDFORD MK403RN

Title DIRECTOR, SECRETARY
Name MORICI, ALBERTO
Address 1401 N. UNIVERSITY DR
SUITE 501
City-State-Zip: CORAL SPRINGS FL 33071

Title VC, CEO
Name PASTORE, FABIO
Address VIA TIBURTINA 216
City-State-Zip: ROME 00157

Title HEAD OF HUMAN RESOURCES
Name ARTILES, JOSE MIGUEL JR.
Address 1401 N. UNIVERSITY DR
SUITE 501
City-State-Zip: CORAL SPRINGS FL 33071

Title HEAD OF BUSINESS BANKING
Name PEROZZI, SALVATORE
Address VIA GENERALE
DALLA CHIESA 2
City-State-Zip: DESENSANO GARDA ITALY 25015

Title HEAD OF LEGAL DEPARTMENT
Name MUSCOGIURI, NICOLA
Address 1401 N. UNIVERSITY DR
SUITE 501
City-State-Zip: CORAL SPRINGS FL 33071

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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: JOSE MIGUEL ARTILES

C

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	CFO, DIRECTOR
Name	ALVARES, MANUEL ANTONIO
Address	1401 N. UNIVERSITY DR SUITE 501
City-State-Zip:	CORAL SPRINGS FL 33071