

**2026 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000194450

**Entity Name:** FACTORIAL FUNDS MANAGEMENT LLC

**Current Principal Place of Business:**

610 NEWPORT CENTER DRIVE  
SUITE 200  
NEWPORT BEACH, CA 92660

**Current Mailing Address:**

610 NEWPORT CENTER DRIVE  
SUITE 200  
NEWPORT BEACH, CA 92660 US

**FEI Number:** 86-3754165

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: TAYLOR NEWMAN

04/26/2026

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	BIER, SOLOMON	Name	LALOY , DENIS
Address	610 NEWPORT CENTER DRIVE SUITE 200	Address	610 NEWPORT CENTER DRIVE SUITE 200
City-State-Zip:	NEWPORT BEACH CA 92660	City-State-Zip:	NEWPORT BEACH CA 92660

*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: DENIS LALOY

AUTHORIZED  
REPRESENTATIVE

04/26/2026

Electronic Signature of Signing Authorized Person(s) Detail

Date