## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002049

Entity Name: SUNTRUST EQUITY FUNDING, LLC

**Current Principal Place of Business:** 

303 PEACHTREE STREET N.E.

ATLANTA GA 30308

**Current Mailing Address:** 

303 PEACHTREE STREET N.E. ATLANTA GA 30308 US

FEI Number: 42-1563209 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: MADONNA D. MALINOWSKI, ASSISTANT VP 01/29/2024

Electronic Signature of Registered Agent

Date

FILED Jan 29, 2024

**Secretary of State** 

2092749944CC

Authorized Person(s) Detail:

TitleMANAGERTitleMANAGERNameMCLEOD, ALLISON SR.NameHAIST, BRION

Address 303 PEACHTREE STREET N.E. Address 303 PEACHTREE STREET N.E.

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

Title MANAGER Title MANAGER

Name BLEE, EDWIN Name NAIL, GREGORY

Address 303 PEACHTREE STREET N.E. Address 303 PEACHTREE STREET N.E.

City-State-Zip: ATLANTA GA 30308 City-State-Zip: ATLANTA GA 30308

Title MANAGER Title MANAGER
Name WILDE, JUSTIN Name NIX, SARAH

Address 3333 PEACHTREE ROAD Address 303 PEACHTREE STREET N.E.

7TH FLOOR City-State-Zip: ATLANTA GA 30308

Title AUTHORIZED PERSON

Name TROUTMAN, LINDA

City-State-Zip:

Address 303 PEACHTREE STREET N.E.

ATLANTA GA 30326

City-State-Zip: ATLANTA GA 30308

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: LINDA TROUTMAN AUTHORIZED PERSON 01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date