

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004020

Entity Name: TRUIST COMMUNITY DEVELOPMENT ENTERPRISES, LLC

Current Principal Place of Business:

1155 PEACHTREE ROAD (GA-ATL00243)
C/O ST. COMMUNITY CAPITAL SUITE 300
ATLANTA, GA 30309

Current Mailing Address:

1155 PEACHTREE ROAD (GA-ATL00243)
C/O ST. COMMUNITY CAPITAL SUITE 300
ATLANTA, GA 30309 US

FEI Number: 20-0170604

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

Authorized Person(s) Detail :

Title MANAGER
Name KING, G. KEITT
Address 1155 PEACHTREE ROAD (GA-ATL00243)
C/O ST. COMMUNITY CAPITAL SUITE 300
City-State-Zip: ATLANTA GA 30309

Title MANAGER
Name FARRELL, KATHLEEN S
Address 303 PEACHTREE STREET
City-State-Zip: ATLANTA GA 30308

Title AUTHORIZED PERSON
Name STANBERRY, HASANA
Address 1155 PEACHTREE ROAD (GA-ATL00243)
C/O ST. COMMUNITY CAPITAL SUITE 300
City-State-Zip: ATLANTA GA 30309

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: HASANA STANBERRY

AUTHORIZED PERSON

01/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date