

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000004020

**Entity Name:** TRUIST COMMUNITY DEVELOPMENT ENTERPRISES, LLC

**FILED**  
**Apr 15, 2023**  
**Secretary of State**  
**6260468731CC**

**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

04/15/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

MANAGER

04/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date