

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000001362

Entity Name: TRUMP INVESTMENTS, LLC

Current Principal Place of Business:

17895 COLLINS AVE
SUNNY ISLES BEACH, FL 33160

Current Mailing Address:

17895 COLLINS AVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 26-2319856

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name T2 COS MANAGEMENT, INC
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AUTHORIZED MEMBER
Name TRUMP HOLDINGS, LLC
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP
Name LIEB, JAMES
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP
Name HIRSCH, MARK S
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title EVP, MANAGING DIRECTOR
Name ROBERTSON, JOHNATHAN
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP
Name TODES, MARK
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title SVP, CFO
Name SHMUELI, OREN
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title AVP
Name TORPEY, CARITE L
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

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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: CARITE L TORPEY

AVP

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title TREASURER
Name GARCIA, ANDRES
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160

Title CONTROLLER
Name WEINFELD, GARY
Address 17895 COLLINS AVE
City-State-Zip: SUNNY ISLES BEACH FL 33160