

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000004946

Entity Name: TRUMP HOLDINGS, 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: 46-3337028

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

Title AUTHORIZED MEMBER
Name TG GLOBAL INVESTMENTS, LLC
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 SVP
Name TODES, MARK
Address 17895 COLLINS AVE.
City-State-Zip: SUNNY ISLES BEACH FL 33160

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

Title ASSOC. GC, A-SEC
Name CAMPOS, JERRY
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 TREASURER
Name GARCIA, ANDRES
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: OREN SHMUELI

CFO/SVP

04/25/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title CONTROLLER

Name GARCIA, JAIR

Address 17895 COLLINS AVE.

City-State-Zip: SUNNY ISLES BEACH FL 33160