

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000005368

**FILED**  
**Apr 09, 2019**  
**Secretary of State**  
**3456561919CC**

**Entity Name:** UNITED TRUST FUND LLC

**Current Principal Place of Business:**

1805 PONCE DE LEON BLVD., SUITE 300  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1805 PONCE DE LEON BLVD., SUITE 300  
CORAL GABLES, FL 33134 US

**FEI Number:** 82-3828868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BERLINER, FRED  
1805 PONCE DE LEON BLVD., SUITE 300  
CORAL GABLES, FL 33134 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	MBRP	Title	MBR, EXEC VP
Name	BERLINER, FRED	Name	DOMB, PAUL
Address	1805 PONCE DE LEON BLVD., SUITE 300	Address	1805 PONCE DE LEON BLVD., SUITE 300
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

*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:** FRED BERLINER

**PRESIDENT**

**04/09/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date