

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000260081

Entity Name: BGV SECURITIES HOLDINGS USA, LLC**Current Principal Place of Business:**201 SOUTH BISCAYNE BLVD.
SUITE 1130
MIAMI, FL 33132**Current Mailing Address:**201 SOUTH BISCAYNE BLVD.
SUITE 1130
MIAMI, FL 33132 US**FEI Number:** 98-1613579**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
115 N CALHOUN ST, #4
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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SIERRA, FRANCISCO
Address	CALLE AQUILINO DE LA GUARDIA PLAZA BANCO GENERAL
City-State-Zip:	PANAMA PANAMA 00000

Title	MGR
Name	ALEMAN ZUBIETA, RAUL
Address	CALLE AQUILINO DE LA GUARDIA PLAZA BANCO GENERAL
City-State-Zip:	PANAMA PANAMA 00000

Title	MGR
Name	HUMBERT, JUAN RAUL
Address	CALLE AQUILINO DE LA GUARDIA PLAZA BANCO GENERAL
City-State-Zip:	PANAMA PANAMA 00000

Title	MGR
Name	CHAPMAN, GUILLERMO III
Address	CALLE AQUILINO DE LA GUARDIA PLAZA BANCO GENERAL
City-State-Zip:	PANAMA PANAMA 00000

Title	MGR
Name	AROSEMENA, LEOPOLDO III
Address	CALLE AQUILINO DE LA GUARDIA EDIFICIO PLAZA BANCO GENERAL
City-State-Zip:	PANAMA PANAMA 00000

Title	MGR
Name	LUCRECIA TOVAR, ANA III
Address	CALLE AQUILINO DE LA GUARDIA EDIFICIO PLAZA BANCO GENERAL
City-State-Zip:	PANAMA PANAMA 00000

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: FRANCISCO SIERRA**MANAGER****09/22/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date