

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M23000003389

Entity Name: CAPITAL INTEGRATION SYSTEMS LLC

Current Principal Place of Business:

527 MADISON AVENUE
2ND FLOOR
NEW YORK, NY 10022

Current Mailing Address:

527 MADISON AVENUE
2ND FLOOR
NEW YORK, NY 10022 US

FEI Number: 27-1330236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 BROWN, MATTHEW C.
Address 527 MADISON AVENUE
2ND FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name SHANNON, TIMOTHY
Address 527 MADISON AVENUE
2ND FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name PREMSELAAR, MARC
Address 527 MADISON AVENUE
2ND FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name RICHMAN, MICHAEL
Address 527 MADISON AVENUE
2ND FLOOR
City-State-Zip: NEW YORK NY 10022

Title MANAGER
Name SUSSKIND, JACOB
Address 527 MADISON AVENUE
2ND FLOOR
City-State-Zip: NEW YORK NY 10022

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: MICHAEL RICHMAN

MANAGER

04/16/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date