

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081786

Entity Name: TRADER INTERACTIVE, LLC

Current Principal Place of Business:

999 WATERSIDE DRIVE
SUITE 1900
NORFOLK, VA 23510

Current Mailing Address:

999 WATERSIDE DRIVE
STE 1900
NORFOLK, VA 23510 US

FEI Number: 27-0807270

Certificate of Status Desired: Yes

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 MGR
Name STACY, LORI
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title MGR
Name NANDA, HARSH
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title MGR
Name GROSS, BRADLEY
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title MGR
Name MORGON, VIRGINIE
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title MGR
Name DOMANGE, HENRI
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title MGR
Name SCHAEFER, ERIC
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title MGR
Name FRANCHI, JAMES
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

Title CFO, SECRETARY
Name GOODWYN, CHARLES EVERETT III
Address 150 GRANBY STREET
City-State-Zip: NORFOLK VA 23510

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: CHARLES GOODWYN

CFO

01/05/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date