

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111398

**FILED**  
**Jan 11, 2018**  
**Secretary of State**  
**CC5324986337**

**Entity Name:** SEA WORLD OF FLORIDA LLC

**Current Principal Place of Business:**

9205 SOUTHPARK CENTER LOOP, SUITE 400  
ORLANDO, FL 32819

**Current Mailing Address:**

9205 SOUTHPARK CENTER LOOP, SUITE 400  
ORLANDO, FL 32819 US

**FEI Number:** 95-2707532

**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 MGRM  
Name SEA WORLD LLC  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title CHIEF EXECUTIVE OFFICER AND  
PRESIDENT  
Name MANBY, JOEL K.  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title CHIEF FINANCIAL OFFICER AND  
TREASURER  
Name SWANSON, MARC G.  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title CHIEF LEGAL OFFICER, GENERAL  
COUNSEL AND CORPORATE  
SECRETARY  
Name TAYLOR, G. ANTHONY  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title CHIEF ACCOUNTING OFFICER  
Name GULACSY, ELIZABETH  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT TREASURER  
Name LOPEZ, DANIEL  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY  
Name POWERS, PAUL B.  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

Title ASSISTANT SECRETARY  
Name CLARK, CARLOS C.  
Address 9205 SOUTHPARK CENTER LOOP,  
SUITE 400  
City-State-Zip: ORLANDO FL 32819

*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:** PAUL B. POWERS

**ASSISTANT SECRETARY 01/11/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date