

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000111398

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

**Current Principal Place of Business:**

6240 SEA HARBOR DR  
ORLANDO, FL 32821

**Current Mailing Address:**

6240 SEA HARBOR DR  
ORLANDO, FL 32821 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 6240 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

Title CEO  
Name RIVERA, SERGIO  
Address 6240 SEA HARBOR DRIVE  
City-State-Zip: ORLANDO FL 32821

Title CFO, TREASURER  
Name SWANSON, MARC G.  
Address 6240 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

Title SECRETARY, OTHER  
Name TAYLOR, G. ANTHONY  
Address 6240 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

Title OTHER  
Name GULACSY, ELIZABETH  
Address 6240 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

Title ASST. SECRETARY  
Name HERMAN, HAROLD J.  
Address 6240 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

Title ASST. SECRETARY  
Name SCHWARTZ, JEFFREY  
Address 6240 SEA HARBOR DR  
City-State-Zip: ORLANDO FL 32821

*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:** JEFFREY SCHWARTZ

**ASSISTANT SECRETARY** 01/16/2020

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

\_\_\_\_\_  
Date