

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002503

**FILED**  
**Apr 13, 2022**  
**Secretary of State**  
**9390519006CC**

**Entity Name:** ORLANDO OUTLET OWNER LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

225 W. WASHINGTON ST., P.O. BOX 7033  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46207-7033 US

**FEI Number:** 20-2288345

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND  
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	Title	CHAIRMAN OF THE BOARD
Name	ORLANDO OUTLET & DESIGN OWNER LLC	Name	SIMON, DAVID
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	EXECUTIVE VICE PRESIDENT - CHIEF OPERATING OFFICER	Title	VP
Name	SILVESTRI, MARK	Name	RULLI, JOHN
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	VP	Title	VP
Name	THYGESEN, MIKAEL	Name	BROAS, MATTHEW
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204
Title	SECRETARY	Title	ASSISTANT SECRETARY
Name	FIVEL, STEVEN	Name	SNYDER, ALEXANDER LW
Address	225 W. WASHINGTON ST.	Address	225 W. WASHINGTON ST.
City-State-Zip:	INDIANAPOLIS IN 46204	City-State-Zip:	INDIANAPOLIS IN 46204

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*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:** STEVEN E. FIVEL

**SECRETARY**

**04/13/2022**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MR  
Name DURANT, CHRISTOPHER  
Address 4951 INTERNATIONAL DR  
City-State-Zip: ORLANDO FL 32819

Title VP, TREASURER  
Name MCDADE, BRIAN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title MR  
Name DAVENPORT, STEVEN  
Address 4951 INTERNATIONAL DR  
City-State-Zip: ORLANDO FL 32819