

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000002530

**FILED**  
**Jun 25, 2020**  
**Secretary of State**  
**5724053045CC**

**Entity Name:** ORLANDO DESIGN CENTER LLC

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

225 W. WASHINGTON ST.  
C/O CORPORATE PARALEGAL  
INDIANAPOLIS, IN 46204

**FEI Number:** 20-2528849

**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 ORLANDO OUTLET & DESIGN OWNER LLC  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANALPOLIS IN 46204

Title VP  
Name BROAS, MATTHEW J  
Address 225 W. WASHINGTON STREET  
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY  
Name FIVEL, STEVEN E  
Address 225 W WASHINGTON STREET  
City-State-Zip: IIANAPOLIS IN 46204

Title ASST. SECRETARY  
Name GUGIG, DARRYL E  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

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

Title VP  
Name RULLI, JOHN  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title EVPCOO  
Name SILVESTRI, MARK  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title COB  
Name SIMON, DAVID  
Address 225 W. WASHINGTON STREET  
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**

**06/25/2020**

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

\_\_\_\_\_  
Date

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

Title ASST. SECRETARY  
Name SNYDER, ALEXANDER LW  
Address 225 W WASHINGTON ST., PO BOX 703  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name THYGESEN, MIKAEL  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204

Title VP  
Name WEINSTEIN, LAWRENCE  
Address 225 W. WASHINGTON ST.  
City-State-Zip: INDIANAPOLIS IN 46204