

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000005950

Entity Name: COQUINA STATION LLC

Current Principal Place of Business:

11501 NORTHLAKE DRIVE
CINCINNATI, OH 45249

Current Mailing Address:

11501 NORTHLAKE DRIVE
CINCINNATI, OH 45249 US

FEI Number: NOT APPLICABLE

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 VP
Name ROBISON, JENNIFER
Address 149 RAMSEY CT
City-State-Zip: LOVELAND OH 45140

Title ASSISTANT TREASURER
Name CAULFIELD, JOHN
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title VP
Name CAULFIELD, JOHN
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title PRESIDENT
Name EDISON, JEFFREY S.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title ASSISTANT SECRETARY
Name MYERS, ROBERT F.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title SECRETARY
Name BRADY, TANYA E.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title CEO
Name EDISON, JEFFREY S.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title VP
Name BRADY, TANYA E.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

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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: JOE SCHLOSSER

VICE PRESIDENT

05/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name MYERS, ROBERT F.
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249

Title TREASURER
Name MURPHY, DEVIN I.
Address 10 ROCKEFELLER PLAZA
City-State-Zip: NEW YORK NY 10020

Title VP
Name MURPHY, DEVIN I.
Address 10 ROCKEFELLER PLAZA
City-State-Zip: NEW YORK NY 10020

Title VP
Name SCHLOSSER, JOE
Address 11501 NORTHLAKE DRIVE
City-State-Zip: CINCINNATI OH 45249