

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400002611

**Entity Name:** CABELL EANES, LLC

**Current Principal Place of Business:**

1 SHOCKOE PLAZA  
RICHMOND, VA 23219

**Current Mailing Address:**

1 SHOCKOE PLAZA  
RICHMOND, VA 23219

**FEI Number: 54-0479821**

**Certificate of Status Desired: No**

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

CAPITOL CORPORATE SERVICES, INC.  
515 EAST PARK AVENUE  
2ND FL  
TALLAHASSEE, FL 32301 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           MANAGER  
Name           BONZANI, ANDREW  
Address        909 THIRD AVENUE  
City-State-Zip: NEW YORK NY 10022

Title           ASST. SECRETARY  
Name           WILLIAMS, CARL  
Address        909 THIRD AVENUE  
                  23RD FLOOR  
City-State-Zip: NEW YORK NY 10022

Title           CEO  
Name           WILLIAMS, MATT  
Address        1 SHOCKOE PLAZA  
City-State-Zip: RICHMOND VA 23219

Title           CFO  
Name           WHITE, JANET  
Address        1 SHOCKOE PLAZA  
City-State-Zip: RICHMOND VA 23219

*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: CARL WILLIAMS**

**ASSISTANT SECRETARY - 03/07/2019  
TAX**

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

\_\_\_\_\_  
Date