2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M15000004364

Entity Name: CAIDAN MANAGEMENT COMPANY, LLC

Current Principal Place of Business:

1 CAMPUS MARTIUS, SUITE 700

DETROIT, MI 48226

Current Mailing Address:

8735 HENDERSON ROAD TAMPA FL 33634 US

FEI Number: 26-4004494 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, 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:

Name

Electronic Signature of Registered Agent

Date

FILED Feb 28, 2019

Secretary of State

7176477011CC

Authorized Person(s) Detail:

Title DIRECTOR, PRESIDENT Title DIRECTOR, VP, SECRETARY

Name ASHER, ANDREW L Name HABER, MICHAEL W

Address 8735 HENDERSON ROAD Address 8735 HENDERSON ROAD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title DIRECTOR Title VP, CFO

Name HAKIM, ANAT Name FISHER, RICHARD C.

Address 8735 HENDERSON ROAD Address 8735 HENDERSON ROAD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title DIRECTOR, VP. CAO, A

Title VP, TREASURER Title DIRECTOR, VP, CAO, ASSISTANT TREASURER

JANKOVIC, GORAN Name MEYER, MICHAEL TROY

Address 8735 HENDERSON ROAD Address 8735 HENDERSON ROAD

City-State-Zip: TAMPA FL 33634 City-State-Zip: TAMPA FL 33634

Title VP, ASSISTANT SECRETARY

Name MEYER, TAMMY L

Address 8735 HENDERSON ROAD

City-State-Zip: TAMPA FL 33634

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: MICHAEL W. HABER SECRETARY 02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date