

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003185

Entity Name: STADIUM CLUB MANAGEMENT, L.L.C.**Current Principal Place of Business:**600 GILLAM RD
WILMINGTON, OH 45177**Current Mailing Address:**600 GILLAM RD
WILMINGTON, OH 45177 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:** JAMES HALPIN

02/04/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COB
Name ROBERTS, RALPH L SR
Address 600 GILLAM RD
City-State-Zip: WILMINGTON OH 45177

Title CEO
Name ROBERTS, ROBY L
Address 600 GILLAM RD
City-State-Zip: WILMINGTON OH 45177

Title VP
Name ROBERTS, RALPH L II
Address 600 GILLAM RD
City-State-Zip: WILMINGTON OH 45177

Title S
Name DELUCA, DONALD R
Address 7290 COLLEGE PKWY SUITE 400
City-State-Zip: FT MYERS FL 33907

Title VP
Name HAUNGS, JEFFREY T
Address 7290 COLLEGE PKWY SUITE 400
City-State-Zip: FT MYERS FL 33907

Title AS
Name WADE, JEFFREY C
Address 600 GILLAM RD
City-State-Zip: WILMINGTON OH 45177

Title CFO
Name SHROYER, MICHAEL
Address 600 GILLAM RD
City-State-Zip: WILMINGTON OH 45177

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: JEFFREY C WADE**ASSISTANT SECRETARY** 02/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date