

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M22000017016

Entity Name: ESPLANADE RESORT EXPERIENCES, LLC

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251

Current Mailing Address:

4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251 US

FEI Number: 92-0936902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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 SOLE/MANAGING MEMBER
Name TAYLOR MORRISON SERVICES, INC.
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G.
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name CAMPBELL, MICHELLE M.
Address 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title PRESIDENT
Name LONGENECKER, CAMMIE L.
Address 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name THOMPSON, ELIZABETH ("LIZ")
Address 551 NORTH CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title ASST. SECRETARY
Name MCNEIL, CHRISTY A.
Address 6440 OAK CANYON, SUITE 200
City-State-Zip: IRVINE CA 92618

Title VP
Name GRAYSON, CHRISTINA
Address 551 N. CATTLEMEN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title ASSISTANT SECRETARY, VP
Name MERRILL, S. TODD
Address 3030 N. ROCKY POINT DR. SUITE 710
City-State-Zip: TAMPA FL 33607

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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: CAROLINE G. ESTRADA

ASSISTANT SECRETARY

04/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY, VP
Name SHEPPARD, SHANNON
Address 3030 N. ROCKY POINT DR.
SUITE 710
City-State-Zip: TAMPA FL 33607

Title AUTHORIZED AGENT - RESORT LIFESTYLE
BRAND
Name STITH, NATHAN
Address 28100 BONITA GRANDE DRIVE
SUITE 102
City-State-Zip: BONITA SPRINGS FL 34135

Title CHIEF LEGAL OFFICER; EXECUTIVE
VICE PRESIDENT; SECRETARY
Name SHERMAN, DARRELL C.
Address 4900 N. SCOTTSDALE ROAD, SUITE
2000
City-State-Zip: SCOTTSDALE AZ 85251

Title CHIEF FINANCIAL OFFICER;
EXECUTIVE VICE PRESIDENT
Name VANHYFTE, CURTIS ("CURT")
Address 4900 N. SCOTTSDALE ROAD, SUITE
2000
City-State-Zip: SCOTTSDALE AZ 85251