

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M9600000080

**Entity Name:** LIGHTSHIP TANKERS IV LLC

**Current Principal Place of Business:**

2200 ELLER DRIVE  
FORT LAUDERDALE, FL 33316

**Current Mailing Address:**

P.O. BOX 13038  
ATTN: LEGAL DEPARTMENT  
FORT LAUDERDALE, FL 33316

**FEI Number:** 65-0643548

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
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           PRESIDENT/MGMT COMMITTEE  
                  REPRESENTATIVE  
Name           FABRIKANT, ERIC  
Address        2200 ELLER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           SVP  
Name           THOROGOOD, DANIEL J  
Address        2200 ELLER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           VP  
Name           DEL REY, JORGE  
Address        2200 ELLER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           VP/SECRETARY/MGMT COMMITTEE  
                  REPRESENTATIVE  
Name           MANEKIN, LISA  
Address        2200 ELLER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           MGMT COMMITTEE  
                  REPRESENTATIVE  
Name           WEINS, BRUCE  
Address        2200 ELLER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

Title           MGMT COMMITTEE  
                  REPRESENTATIVE  
Name           WEBER, SCOTT  
Address        2200 ELLER DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33316

*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:** LISA MANEKIN

**VP/SECRETARY**

**04/24/2019**

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

\_\_\_\_\_  
Date