2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M9600000081

Entity Name: LIGHTSHIP TANKERS V 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 US

FEI Number: 65-0643547

Name and Address of Current Registered Agent:

NRAI SERVICES, INC 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

FILED Mar 27, 2024 Secretary of State 2528780231CC

Certificate of Status Desired: No

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:

Address

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Authorized Ferson(s) Detail.			
Title	MANAGER	Title	PRESIDENT
Name	FABRIKANT, ERIC	Name	THOROGOOD, DANIEL J
Address	2200 ELLER DRIVE	Address	2200 ELLER DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33316	City-State-Zip:	FORT LAUDERDALE FL 33316
Title	VICE PRESIDENT	Title	MANAGER/VP/SECRETARY
Name	DEL REY, JORGE	Name	MANEKIN, LISA
Address	2200 ELLER DRIVE	Address	2200 ELLER DRIVE
City-State-Zip:	FORT LAUDERDALE FL 33316	City-State-Zip:	FORT LAUDERDALE FL 33316
Title Name Address City-State-Zip:	MANAGER/VP/TREASURER WEINS, BRUCE 2200 ELLER DRIVE FORT LAUDERDALE FL 33316	Title Name Address City-State-Zip:	MANAGER WEBER, SCOTT 2200 ELLER DRIVE FORT LAUDERDALE FL 33316
Title Name	VICE PRESIDENT LONG, WILLIAM C		

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: WILLIAM C. LONG

2200 ELLER DRIVE City-State-Zip: FORT LAUDERDALE FL 33316

VP

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date