

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000081786

**Entity Name:** TRADER INTERACTIVE, LLC

**Current Principal Place of Business:**

999 WATERSIDE DRIVE  
SUITE 1900  
NORFOLK, VA 23510

**Current Mailing Address:**

999 WATERSIDE DRIVE  
STE 1900  
NORFOLK, VA 23510 US

**FEI Number:** 27-0807270

**Certificate of Status Desired:** Yes

**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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name STACY, LORI  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name NANDA, HARSH  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name GROSS, BRADLEY  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name MORGON, VIRGINIE  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name DOMANGE, HENRI  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name SCHAEFER, ERIC  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title MGR  
Name FRANCHI, JAMES  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

Title CFO, SECRETARY  
Name GOODWYN, CHARLES EVERETT III  
Address 150 GRANBY STREET  
City-State-Zip: NORFOLK VA 23510

*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:** CHARLES GOODWYN

CFO

01/05/2021

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

\_\_\_\_\_ Date