

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000061126

Entity Name: CAPTIVA OCEAN ONE, LLC**Current Principal Place of Business:**7290 COLLGE PKWY
SUITE 400
FT MYERS, FL 33907**Current Mailing Address:**600 GILLAM ROAD
WILMINGTON, OH 45177**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 CHAIRMAN
Name ROBERTS, RALPH L SR.
Address 600 GILLAM ROAD
City-State-Zip: WILMINGTON OH 45177

Title MGR
Name ROBERTS, MARY D
Address 600 GILLAM ROAD
City-State-Zip: WILMINGTON OH 45177

Title MGR
Name CARPENTER, MICHELLE
Address 7290 COLLEGE PKWY, SUITE 400
City-State-Zip: FT MYERS FL 33907

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

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

Title ASEC
Name WADE, JEFFREY
Address 600 GILLAM ROAD
City-State-Zip: WILMINGTON OH 45177

Title VP OF FINANCE, ASST. TREASURER
Name HAUNGS, JEFF
Address 7290 COLLEGE PKWY
SUITE 400
City-State-Zip: FT MYERS FL 33907

Title CFO
Name SHROYER, MICHAEL
Address 600 GILLAM ROAD
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** 04/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date