

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002348

Entity Name: SIERRA EVERGLADES INVESTMENTS, LLC**Current Principal Place of Business:**5700 LAKE WRIGHT DRIVE, SUITE 300
NORFOLK, VA 23502**Current Mailing Address:**5700 LAKE WRIGHT DRIVE, SUITE 300
NORFOLK, VA 23502 US**FEI Number:** 20-8888643**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 AUTHORIZED MEMBER
Name TITAN FLORIDA LLC
Address 5700 LAKE WRIGHT DRIVE, SUITE 300

City-State-Zip: NORFOLK VA 23502

Title VP & CFO
Name WILT, LAWRENCE H
Address 5700 LAKE WRIGHT DRIVE, SUITE 300

City-State-Zip: NORFOLK VA 23502

Title CHIEF ACCOUNTY & TREASURY OFFICER
Name CHATER, CHRISTOPHER R
Address 5700 LAKE WRIGHT DRIVE, SUITE 300

City-State-Zip: NORFOLK VA 23502

Title CHIEF LEGAL COUNSEL
Name CHRISTY, JOHN W
Address 5700 LAKE WRIGHT DRIVE, SUITE 300

City-State-Zip: NORFOLK VA 23502

Title VP, GENERAL COUNSEL & SECRETARY
Name RAFFERTY, JENNIFER M
Address 5700 LAKE WRIGHT DRIVE, SUITE 300

City-State-Zip: NORFOLK VA 23502

Title DIRECTOR OF TAX
Name FITTLER, KAREN VIRGINIA
Address 5700 LAKE WRIGHT DRIVE, SUITE 300

City-State-Zip: NORFOLK VA 23502

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: JENNIFER M. RAFFERTY**VP, GENERAL COUNSEL & SECRETARY** 01/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date