

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000004518

Entity Name: WORLD OMNI FLOW 2010-B LLC

Current Principal Place of Business:

6150 OMNI PARK DRIVE
MOBILE, AL 36609

Current Mailing Address:

6150 OMNI PARK DRIVE
MOBILE, AL 36609 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

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 MEMBER
Name WORLD OMNI FINANCIAL CORP.
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title PRESIDENT
Name CHAIT, DANIEL M
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title VP, TREASURER
Name GEBHARD, ERIC M
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title ASSISTANT TREASURER
Name BROWDY, ALAN J
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title GENERAL COUNSEL & SECRETARY
Name HALL, ANDRE L
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title DIRECTOR
Name BROWN, COLIN W
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title DIRECTOR
Name CHAIT, DANIEL M
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title DIRECTOR
Name BURNS, BRENT D
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

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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: KIMBERLY M MAGNER

**VICE PRESIDENT,
CORPORATE TAXES**

04/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASSISTANT SECRETARY
Name WILLIAMS, CAREN SNEAD
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title ASSISTANT SECRETARY
Name SHEPTAK, PETER J
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title VP, CORPORATE TAXES
Name MAGNER, KIMBERLY M
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title GROUP VICE PRESIDENT AND CHIEF FINANCIAL
OFFICER
Name SHOPE, WILLIAM J
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title ASSISTANT SECRETARY
Name ARENDS, RODNEY
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title ASSISTANT SECRETARY
Name HOLLIS, MICHAEL
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609

Title ASSISTANT TREASURER
Name ROMANO, BRYAN
Address 6150 OMNI PARK DRIVE
City-State-Zip: MOBILE AL 36609