2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000007485

Entity Name: TUPPERWARE HOME PARTIES LLC

Current Principal Place of Business:

14901 S ORANGE BLOSSOM TRAIL

ORLANDO, FL 32837

Current Mailing Address:

14901 S ORANGE BLOSSOM TRAIL ORLANDO, FL 32837 US

FEI Number: 95-3831671 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

FILED Apr 27, 2019

Secretary of State

4085143196CC

Authorized Person(s) Detail:

TitlePRESIDENTTitleVICE PRESIDENTNameGOINGS, E.V.NameHAJEK, JOSEF

Address 14901 S ORANGE BLOSSOM TRAIL Address 14901 S ORANGE BLOSSOM TRAIL

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

 Title
 VICE PRESIDENT
 Title
 CHIEF FINANCIAL OFFICER

 Name
 FENNE, STEIN OVE
 Name
 POTESHMAN, MICHAEL S

Address 14901 S ORANGE BLOSSOM TRAIL Address 14901 S ORANGE BLOSSOM TRAIL

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title VICE PRESIDENT, CONTROLLER Title VICE PRESIDENT, SECRETARY

Name POUCHER, NICHOLAS K Name ROEHLK, THOMAS M

Address 14901 S ORANGE BLOSSOM TRAIL Address 14901 S ORANGE BLOSSOM TRAIL

City-State-Zip: ORLANDO FL 32837 City-State-Zip: ORLANDO FL 32837

Title VICE PRESIDENT
Name SHEEHAN , KAREN M.

Address 14901 S ORANGE BLOSSOM TRAIL

City-State-Zip: ORLANDO FL 32837

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: THOMAS M. ROEHLK

Electronic Signature of Signing Authorized Person(s) Detail

SECRETARY 04/27/2019

Date