

2020 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**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	GOINGS, E.V.
Address	14901 S ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	VICE PRESIDENT
Name	HAJEK, JOSEF
Address	14901 S ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	VICE PRESIDENT
Name	FENNE, STEIN OVE
Address	14901 S ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	CHIEF FINANCIAL OFFICER
Name	POTESHMAN, MICHAEL S
Address	14901 S ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	VICE PRESIDENT, CONTROLLER
Name	POUCHER, NICHOLAS K
Address	14901 S ORANGE BLOSSOM TRAIL
City-State-Zip:	ORLANDO FL 32837

Title	VICE PRESIDENT, SECRETARY
Name	ROEHLK, THOMAS M
Address	14901 S ORANGE BLOSSOM TRAIL
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**SECRETARY****04/28/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date