2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 19, 2020
Secretary of State
6460237217CC

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Entity Name: MSLA MANAGEMENT LLC

Current Principal Place of Business:

5995 PLAZA DR
5TH FLOOR
CYPRESS, CA 90630

Current Mailing Address:

5995 PLAZA DR
5TH FLOOR
CYPRESS, CA 90630 US

FEI Number: 81-1633765

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
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	ASSISTANT SECRETARY
Name	LANG, HEATHER ANASTASIA
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630

Title	ASSISTANT TREASURER*
Name	RUNICE, PAUL TIMOTHY
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	SECRETARY
Name	LIETHEN, JOHN GEORGE
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630

Title	CEO
Name	HOLLAND,III, SAMUEL EDWARD
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630

Title	ASSISTANT TREASURER*
Name	MCGLINCH, THOMAS SHAUN
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	VP, TAX SERVICES*
Name	KELLY, JOHN WILLIAM
Address	9900 BREN ROAD EAST
City-State-Zip:	MINNETONKA MN 55343

Title	PRESIDENT
Name	HOLLAND,III, SAMUEL EDWARD
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630

Title	TREASURER
Name	GILL, PETER MARSHALL
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630

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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: HEATHER ANASTASIA LANG ASSISTANT SECRETARY 05/19/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	DIRECTOR
Name	HOLLAND,III, SAMUEL EDWARD
Address	5995 PLAZA DR 5TH FLOOR
City-State-Zip:	CYPRESS CA 90630