2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005404

Entity Name: SHORELIGHT, LLC

Current Principal Place of Business:

2 SEAPORT LANE SUITE 500 BOSTON, MA 02210

Current Mailing Address:

2 SEAPORT LANE SUITE 500 BOSTON, MA 02210 US

FEI Number: 46-2010227

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. SUITE 4 TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

| Authorized Person(s) Detail : | | | |
|-------------------------------|-----------------------------|-----------------|-----------------------------|
| Title | MANAGING MEMBER | Title | MEMBER |
| Name | SHORELIGHT HOLDINGS, LLC | Name | SHORELIGHT-NEXUS, INC. |
| Address | 2 SEAPORT LANE SUITE 500 | Address | 2 SEAPORT LANE SUITE 500 |
| City-State-Zip: | BOSTON MA 02210 | City-State-Zip: | BOSTON MA 02210 |
| Title | MANAGER/CEO | Title | MANAGER/SVP/SECRETARY |
| Name | DRETLER, TOM | Name | KEIZER, JOHAN DE MUINCK |
| Address | 2 SEAPORT LANE SUITE 500 | Address | 2 SEAPORT LANE SUITE 500 |
| City-State-Zip: | BOSTON MA 02210 | City-State-Zip: | BOSTON MA 02210 |
| Title | EXECUTIVE VICE PRESIDENT | Title | VP |
| Name | CLEVELAND, BASIL | Name | BATES, PAMELA J. |
| Address | 2 SEAPORT LANE SUITE 500 | Address | 2 SEAPORT LANE SUITE 500 |
| City-State-Zip: | BOSTON MA 02210 | City-State-Zip: | BOSTON MA 02210 |
| Title | ASSISTANT SECRETARY | | |
| Name | DAVIDSON, KYLA | | |
| Address | 2 SEAPORT LANE SUITE 500 | | |
| City-State-Zip: | BOSTON MA 02210 | | |

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: KYLA DAVIDSON

ASSISTANT SECRETARY 04/25/2024

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 25, 2024 Secretary of State 0370076774CC

Certificate of Status Desired: No

Date