

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009188

**Entity Name:** 20945-000-00, LLC

**Current Principal Place of Business:**

600 GILLAM RD  
WILMINGTON, OH 45177

**Current Mailing Address:**

600 GILLAM RD  
WILMINGTON, OH 45177 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
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 VP OF LEGAL/SECRETARY  
Name DELUCA, DONALD R  
Address 7290 COLLEGE PKWY, SUITE 400  
City-State-Zip: FT. MYERS FL 33907

Title GENERAL COUNSEL/ ASSISTANT SECRETARY  
Name WADE, JEFFREY C  
Address 600 GILLAM RD  
City-State-Zip: WILMINGTON OH 45177

Title VP OF TAX  
Name HAUNGS, JEFF  
Address 7290 COLLEGE PKWY, SUITE 400  
City-State-Zip: FT. MYERS FL 33907

Title CFO  
Name SHROYER, MICHAEL  
Address 600 GILLAM RD  
City-State-Zip: WILMINGTON OH 45177

*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:** JEFFREY C WADE

**ASSISTANT SECRETARY** 04/24/2020

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date