

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000000664

**Entity Name:** CTS CAPTIVE MANAGEMENT, LLC**Current Principal Place of Business:**5900 N ANDREWS AVE  
SUITE 1000  
FORT LAUDERDALE, FL 33309**Current Mailing Address:**5900 N ANDREWS AVE  
SUITE 1000  
FORT LAUDERDALE, FL 33309 US**FEI Number:** 27-5462341**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
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 DIRECTOR  
Name RICHARDSON, GEX  
Address 5900 N ANDREWS AVE  
SUITE 1000  
City-State-Zip: FORT LAUDERDALE FL 33309

Title DIRECTOR  
Name LITTLEJOHN, KEVIN  
Address 5900 N ANDREWS AVE  
SUITE 1000  
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY  
Name RICHARDSON, GEX  
Address 5900 N ANDREWS AVE  
SUITE 1000  
City-State-Zip: FORT LAUDERDALE FL 33309

Title TREASURER  
Name LITTLEJOHN, KEVIN  
Address 5900 N ANDREWS AVE  
SUITE 1000  
City-State-Zip: FORT LAUDERDALE FL 33309

Title PRESIDENT  
Name LITTLEJOHN, KEVIN  
Address 5900 N ANDREWS AVE  
SUITE 1000  
City-State-Zip: FORT LAUDERDALE FL 33309

Title MEMBER  
Name CARRIER & TECHNOLOGY  
SOLUTIONS, LLC  
Address 5900 N ANDREWS AVE  
SUITE 1000  
City-State-Zip: FORT LAUDERDALE FL 33309

*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:** GEX RICHARDSON**SECRETARY****05/23/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date