

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003358

Entity Name: AREC 4, LLC**Current Principal Place of Business:**2727 N. CENTRAL AVENUE
PHOENIX, AZ 85004**Current Mailing Address:**2721 N. CENTRAL AVENUE
PHOENIX, AZ 85004 US**FEI Number:** 20-2848229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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	MGR	Title	MANAGER, TREASURER
Name	SHOEN, EDWARD J	Name	BERG, JASON A
Address	2727 N. CENTRAL AVE	Address	2727 N. CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004
Title	MANAGER	Title	MANAGER
Name	DUVA, VICTOR A	Name	KLING, TAMARA
Address	1209 ORANGE STREET	Address	1209 ORANGE STREET
City-State-Zip:	WILMINGTON DE 19801	City-State-Zip:	WILMINGTON DE 19801
Title	MANAGER, PRESIDENT	Title	VP
Name	BRACCIA, MATTHEW F	Name	CASEY, THOMAS R
Address	2727 N CENTRAL AVENUE	Address	2727 N CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004
Title	SECRETARY	Title	ASST. SECRETARY
Name	AVRAHAM, RAPHAEL J	Name	WINKELMAN, STEPHEN R
Address	2721 N CENTRAL AVENUE	Address	2721 N CENTRAL AVENUE
City-State-Zip:	PHOENIX AZ 85004	City-State-Zip:	PHOENIX AZ 85004

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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: MATTHEW BRACCIA**MANAGER****04/20/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. TREASURER
Name BRIDGEMAN, TOBIAS C
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511

Title ASST. TREASURER
Name HARTE, KEVIN J
Address 5555 KIETZKE LANE #100
City-State-Zip: RENO NV 89511