

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006766

**FILED
Apr 19, 2022
Secretary of State
2607302484CC**

Entity Name: FELCOR TRS BORROWER 4, L.L.C.

Current Principal Place of Business:

3 BETHESDA METRO CENTER
SUITE 1000
BETHESDA, MD 20814

Current Mailing Address:

3 BETHESDA METRO CENTER
SUITE 1000
BETHESDA, MD 20814 US

FEI Number: 20-3900525

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COGENCY GLOBAL INC.
115 NORTH CALHOUN STREET, 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

Date

Authorized Person(s) Detail :

Title PRESIDENT, TREASURER &
 MANAGER
Name HALE, LESLIE D.
Address 3 BETHESDA METRO CENTER
 SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title VP & MANAGER
Name MAHONEY , SEAN M.
Address 3 BETHESDA METRO CENTER
 SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title MEMBER
Name FELCOR LODGING LIMITED
 PARTNERSHIP
Address 3 BETHESDA METRO CENTER
 SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name AMOS, CRAIG
Address 3 BETHESDA METRO CENTER
 SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name BARDENETT , THOMAS
Address 3 BETHESDA METRO CENTER
 SUITE 1000
City-State-Zip: BETHESDA MD 20814

Title VP
Name TURNER, NICOLE
Address 3 BETHESDA METRO CENTER
 SUITE 1000
City-State-Zip: BETHESDA MD 20814

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: SEAN M. MAHONEY

VICE PRESIDENT

04/19/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date