

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006766

**FILED**  
**Apr 24, 2023**  
**Secretary of State**  
**3376357726CC**

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

**Current Principal Place of Business:**

C/O RLJ LODGING TRUST  
3 BETHESDA METRO CENTER, SUITE 1000  
BETHESDA, MD 20814

**Current Mailing Address:**

C/O RLJ LODGING TRUST  
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**

**04/24/2023**

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

\_\_\_\_\_  
Date