

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000006467

**Entity Name:** FYR SFR BORROWER, LLC

**Current Principal Place of Business:**

3505 KOGER BLVD., STE. 400  
DULUTH, GA 30096

**Current Mailing Address:**

3505 KOGER BLVD., STE. 400  
DULUTH, GA 30096 US

**FEI Number:** 83-1276468

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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           | AUTHORIZED PERSON          | Title           | AUTHORIZED PERSON, MEMBER  |
| Name            | GRAY, STEPHEN H            | Name            | LUBIN, MICHAEL             |
| Address         | 5100 TAMARIND REEF         | Address         | 3505 KOGER BLVD., STE. 400 |
| City-State-Zip: | CHRISTIANSTED 00820        | City-State-Zip: | DULUTH GA 30096            |
|                 |                            |                 |                            |
| Title           | AUTHORIZED PERSON          | Title           | AUTHORIZED PERSON          |
| Name            | DAVIS, CASSEY L.           | Name            | SINGER, P. GRAHAM          |
| Address         | 3505 KOGER BLVD., STE. 400 | Address         | 3505 KOGER BLVD., STE. 400 |
| City-State-Zip: | DULUTH GA 30096            | City-State-Zip: | DULUTH GA 30096            |

*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:** MICHAEL LUBIN

**AUTHORIZED PERSON**

**03/25/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date