

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001191

**Entity Name:** ISERVE RESIDENTIAL LENDING, LLC

**Current Principal Place of Business:**

10920 VIA FRONTERA  
SUITE 520  
SAN DIEGO, CA 92127

**Current Mailing Address:**

10920 VIA FRONTERA  
SUITE 520  
SAN DIEGO, CA 92127 US

**FEI Number:** 26-4193875

**Certificate of Status Desired:** No

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

NRAI SERVICES, INC  
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 CO-CHIEF EXECUTIVE OFFICER  
Name WILSON, DOUGLAS MCPHERSON  
Address 10920 VIA FRONTERA  
SUITE 520  
City-State-Zip: SAN DIEGO CA 92127

Title CHIEF OPERATING OFFICER  
Name WILSON, MICHAEL C  
Address 10920 VIA FRONTERA  
SUITE 520  
City-State-Zip: SAN DIEGO CA 92127

Title CO-CHIEF EXECUTIVE OFFICER  
Name MICHAEL, KENNETH E JR  
Address 10920 VIA FRONTERA  
SUITE 520  
City-State-Zip: SAN DIEGO CA 92127

*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:** DOUGLAS M. WILSON

CO-CHIEF EXECUTIVE  
OFFICER

04/27/2023

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

\_\_\_\_\_  
Date