

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000006720

**Entity Name:** FC-THC LEASING, LLC

**Current Principal Place of Business:**

3500 LENOX ROAD NE  
SUITE 510  
ATLANTA, GA 30326

**Current Mailing Address:**

3500 LENOX ROAD NE  
SUITE 510  
ATLANTA, GA 30326 US

**FEI Number:** 20-5793842

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           MANAGER  
Name           WHITMAN, ARNOLD M  
Address        3500 LENOX ROAD NE  
                  SUITE 510  
City-State-Zip: ATLANTA GA 30326

Title           MANAGER  
Name           BROWN, SCOTT E  
Address        3500 LENOX ROAD NE  
                  SUITE 510  
City-State-Zip: ATLANTA GA 30326

Title           MANAGER  
Name           BECKWITH, BRIAN S  
Address        3500 LENOX ROAD NE  
                  SUITE 510  
City-State-Zip: ATLANTA GA 30326

Title           MANAGER  
Name           DILLARD, SAMUEL M  
Address        3500 LENOX ROAD NE  
                  SUITE 510  
City-State-Zip: ATLANTA GA 30326

*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:** SCOTT E BROWN

**MANAGER**

**02/01/2020**

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

\_\_\_\_\_  
Date