

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M14000008701

**Entity Name:** ESA P PORTFOLIO OPERATING LESSEE LLC**Current Principal Place of Business:**11525 N. COMMUNITY HOUSE ROAD  
SUITE 100  
CHARLOTTE, NC 28277**Current Mailing Address:**PO BOX 49550  
CHARLOTTE, NC 28277 US**FEI Number:** 20-1627433**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:** NRAI SERVICES, INC

01/24/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AUTHORIZED MEMBER	Title	PRESIDENT
Name	EAGLE TRS LLC	Name	JUCEAM, GREG
Address	PO BOX 49550	Address	PO BOX 49550
City-State-Zip:	CHARLOTTE NC 28277	City-State-Zip:	CHARLOTTE NC 28277
Title	VP, TAX	Title	SECRETARY
Name	HASHE, WILLIAM	Name	DEKLE, CHRISTOPHER
Address	PO BOX 49550	Address	PO BOX 49550
City-State-Zip:	CHARLOTTE NC 28277	City-State-Zip:	CHARLOTTE NC 28277

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:** R MERCHANT-LEWISTX MGR-BUS  
LICENSES&ANN RPTS

01/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date