

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1400008701

**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

04/08/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED MEMBER  
Name NEW ESA P PORTFOLIO OPERATING LESSEE LLC  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title PRESIDENT  
Name HALKYARD, JONATHAN  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title VP, TAX  
Name HASHE, WILLIAM  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title CFO  
Name NICHOLSON, BRIAN  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title SECRETARY  
Name DEKLE, CHRISTOPHER  
Address PO BOX 49550  
City-State-Zip: CHARLOTTE NC 28277

Title CHIEF INFORMATION OFFICER  
Name FLYNN, AMES  
Address PO BOX 49550  
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:** BRITTANY TETLOW

**AUTHORIZED AGENT**

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date