

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1600000849

**Entity Name:** RESIDENTIAL CAPITAL PARTNERS, LLC

**Current Principal Place of Business:**

1250 S CAPITAL OF TEXAS HWY  
BUILDING 1 SUITE 400  
AUSTIN, TX 78746

**Current Mailing Address:**

PO BOX 17368  
AUSTIN, TX 78760-7368 US

**FEI Number:** 27-2996195

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTION, INC.  
155 OFFICE PLAZA DR., STE A  
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	MEMBER	Title	MEMBER, MANAGER
Name	JACKSON, PAUL	Name	MORGAN, RICHARD
Address	1250 S CAPITAL OF TEXAS HWY BUILDING 1 SUITE 400	Address	1250 S CAPITAL OF TEXAS HWY BUILDING 1 SUITE 400
City-State-Zip:	AUSTIN TX 78746	City-State-Zip:	AUSTIN TX 78746
Title	MEMBER		
Name	FEITO, ROB		
Address	1250 S CAPITAL OF TEXAS HWY BUILDING 1 SUITE 400		
City-State-Zip:	AUSTIN TX 78746		

*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:** PAUL JACKSON

MEMBER

04/26/2023

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

\_\_\_\_\_  
Date