

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000007596

Entity Name: HOME SFR BORROWER, LLC**Current Principal Place of Business:**3505 KOGER BLVD., SUITE 400,
DULUTH , GA 30096**Current Mailing Address:**3505 KOGER BLVD., SUITE 400,
DULUTH , GA 30096 US**FEI Number:** 81-3829189**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	MBR, AUTHORIZED PERSON
Name	LUBIN, MICHAEL
Address	3505 KOGER BLVD., SUITE 400,
City-State-Zip:	DULUTH GA 30096

Title	AUTHORIZED PERSON
Name	GRAY, STEPHEN H.
Address	5100 TAMARIND REEF
City-State-Zip:	CHRISTIANSTED 00820

Title	AUTHORIZED PERSON
Name	SINGER, P. GRAHAM
Address	3505 KOGER BLVD., SUITE 400,
City-State-Zip:	DULUTH GA 30096

Title	AUTHORIZED PERSON
Name	DAVIS, CASSEY L.
Address	3505 KOGER BLVD., SUITE 400,
City-State-Zip:	DULUTH GA 30096

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: MICHAEL LUBIN**AUTHORIZED PERSON****03/25/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date