

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000010795

**Entity Name:** RESI SFR SUB, LLC

**Current Principal Place of Business:**

3505 KOGER BOULEVARD  
SUITE 400  
DULUTH, GA 33096

**FILED**  
**Apr 29, 2021**  
**Secretary of State**  
**5894574971CC**

**Current Mailing Address:**

3505 KOGER BOULEVARD  
SUITE 400  
DULUTH, GA 33096

**FEI Number: 66-0838966**

**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 MEMEBER, AUTHORIZED SIGNER  
Name LUBIN, MICHAEL G.  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name LOWE, ROBIN N.  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name GRAT, STEPHEN H.  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name MASON, RANDALL K.  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name GURHAN, ERCAN  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name DITTRICH, RENE  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name ADAMS, MILES  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

Title MEMBER  
Name STALLARD, JEFF  
Address 3505 KOGER BOULEVARD  
SUITE 400  
City-State-Zip: DULUTH GA 33096

*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 G. LUBIN**

**MEMBER**

**04/29/2021**

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

\_\_\_\_\_  
Date