

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M18000009916

Entity Name: PAI BAYROCK GROVES, LLC

Current Principal Place of Business:

TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
ATLANTA, GA 30326

FILED
Apr 22, 2021
Secretary of State
4556831240CC

Current Mailing Address:

TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
ATLANTA, GA 30326 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ASSISTANT SECRETARY
Name PALEN, MAGGIE
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT TREASURER
Name DAVI, SUSANNA
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title ASSISTANT TREASURER
Name MCCARTHY, JOSEPH B.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title CONTROLLER
Name JAY, CHRISTOPHER G.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title PRESIDENT
Name JARRATT, JESS E.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title SECRETARY
Name COMBS, VALERIE L.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title TREASURER
Name MATTIA, BRIAN M.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title VP
Name BOTT, DANIEL R.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

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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: MAGGIE PALEN

ASSISTANT SECRETARY 04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name ERSTINE, JON M.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title VP
Name JAY, CHRISTOPHER G.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title VP
Name PUCHEU, JASON E.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title VP
Name FESSLER, STEPHEN
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326

Title VP
Name LASSITER, ROBERT E.
Address TWO ALLIANCE CENTER
SUITE 1400 3560 LENOX ROAD
City-State-Zip: ATLANTA GA 30326