

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000052220

Entity Name: BOSON PROPERTIES, LLC

Current Principal Place of Business:

951 NW 13TH ST
SUITE #1C
BOCA RATON, FL 33486

Current Mailing Address:

PO BOX 810969
BOCA RATON, FL 33481 US

FEI Number: 20-0479472

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KLEINMAN, JOSEPH H
951 NW 13TH ST., SUITE 1C
SUITE #1C
BOCA RATON, FL 33486 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: JOSEPH H. KLEINMAN

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KLEINMAN, JOSEPH H
Address 951 NW 13 STREET, SUITE 1C
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name JIMENEZ, CARLOS J
Address 951 NW 13 STREET, SUITE 1C
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name NEEDELL, STEVEN D
Address 951 NW 13 STREET, SUITE 1C
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name KHORIATY, GEORGE M.D.
Address 951 NW 13TH STREET, SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name MCFEE, WILLIAM H
Address 951 NW 13TH STREET, SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MGR
Name RUDENSKY, DANIEL E
Address 951 NW 13TH STREET, SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGING MEMBER
Name SAADY, MATTHEW J
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGING MEMBER
Name SCHILLING, KATHY J
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

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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: JOSEPH H. KLEINMAN, MD

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGING MEMBER
Name SILVERMAN, CRAIG S
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGING MEMBER
Name SHAPIR, JONATHAN
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGING MEMBER
Name POLLAK, YALE D
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGER
Name DEORCHIS, DOUGLAS DR.
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGING MEMBER
Name WIENER, JONATHAN I
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title MANAGING MEMBER
Name MAHAL, RAVINDER S
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486

Title AUTHORIZED MEMBER
Name BORZYKOWSKI, ROSS M
Address 951 NW 13TH ST
SUITE #1C
City-State-Zip: BOCA RATON FL 33486