

**2020 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

04/30/2020

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 REGISTERED AGENT 04/30/2020

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 AUTHORIZED MEMBER  
Name LEWIS, ALEX J  
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

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

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