

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000034781

**Entity Name:** 319 E. BOYNTON, LLC

**Current Principal Place of Business:**

9155 SANDERSON CT.  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

9155 SANDERSON CT.  
BOYNTON BEACH, FL 33473 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ROSA, JEFFREY H  
9155 SANDERSON CT.  
BOYNTON BEACH, FL 33473 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 MGRM  
Name ROSA, JEFF H  
Address 9155 SANDERSON CT.  
City-State-Zip: BOYNTON BEACH FL 33473

Title MGRM  
Name ROSA, JILL H  
Address 9155 SANDERSON CT.  
City-State-Zip: BOYNTON BEACH FL 33473

Title AUTHORIZED MEMBER  
Name ROSA, RANDY J  
Address 9155 SANDERSON CT.  
City-State-Zip: BOYNTON BEACH FL 33473

Title AUTHORIZED MEMBER  
Name ROSA, EVAN R  
Address 9155 SANDERSON CT.  
City-State-Zip: BOYNTON BEACH FL 33473

*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:** JEFFREY ROSA

MMGR

02/13/2024

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

\_\_\_\_\_  
Date