

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000001422

Entity Name: COLLEGEBOXES, LLC**Current Principal Place of Business:**2721 N. CENTRAL AVENUE
PHOENIX, AZ 85004**Current Mailing Address:**2721 N. CENTRAL AVENUE
PHOENIX, AZ 85004**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 MGR, PRESIDENT
Name TAYLOR, JOHN C
Address 2727 N. CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title TREASURER
Name BERG, JASON A
Address 2727 N CENTRAL AVE
City-State-Zip: PHOENIX AZ 85004

Title SECRETARY
Name DE RESPINO, LAURENCE J
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY
Name WINKELMAN, STEPHEN R
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

Title ASST. SECRETARY
Name CHADWICK, WESLEY
Address 2721 N CENTRAL AVENUE
City-State-Zip: PHOENIX AZ 85004

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: JOHN C TAYLOR**MANAGER****04/20/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date