

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000003027

**Entity Name:** PURE LIVING ACQUISITION LLC**Current Principal Place of Business:**ONE BEACON STREET  
24TH FLOOR  
BOSTON, MA 02108**Current Mailing Address:**ONE BEACON STREET  
24TH FLOOR  
BOSTON, MA 02108 US**FEI Number:** 47-3755594**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1200 S PINE ISLAND RD  
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 MEMBER  
Name PURE LIVING MULTI-FAMILY HOLDING LLC  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name DOHERTY, DAVID  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name LAMB, JOHN  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name POLCARO, JASON  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name RAGNAUTH, RAVI  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name BLOOM, MARY BETH  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name HERBST, PETER  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name SCHRUMPF, ERIC  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

**Continues on page 2**

*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:** MELINDA BROTHERS**ASST SECRETARY****04/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AUTHORIZED SIGNATORY  
Name COLGAN, BRITTANY  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name BROTHERS, MELINDA  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108

Title AUTHORIZED SIGNATORY  
Name ORLANDELLO, JOSEPH  
Address ONE BEACON STREET  
24TH FLOOR  
City-State-Zip: BOSTON MA 02108