

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000000345

Entity Name: SUNRISE OF BOYNTON BEACH OPCO, LLC**Current Principal Place of Business:**7902 WESTPARK DR
MCLEAN, VA 22102**Current Mailing Address:**7902 WESTPARK DR
MCLEAN, VA 22102 US**FEI Number:** 82-4816383**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:** EDWARD FRANTZ

05/01/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name OLYMPITIS, JOHN
Address C/O REVERA INC.
5015 SPECTRUM WAY, SUITE600
City-State-Zip: MISSISSAUGA, ON L4W 0E4

Title MGR
Name SIMON, RUSSELL
Address C/O REVERA INC.
5015 SPECTRUM WAY, SUITE600
City-State-Zip: MISSISSAUGA, ON L4W 0E4

Title VP
Name COELHO, ANDREW
Address 7902 WESTPARK DR
City-State-Zip: MCLEAN VA 22102

Title VP, TREASURER
Name PAINTER, DAVID
Address 7902 WESTPARK DR
City-State-Zip: MCLEAN VA 22102

Title VP, SECRETARY
Name FRANTZ, EDWARD
Address 7902 WESTPARK DR
City-State-Zip: MCLEAN VA 22102

Title VP
Name SEKEL, WENDY
Address 7902 WESTPARK DR
City-State-Zip: MCLEAN VA 22102

Title VP
Name KROSKIN, PHILIP
Address 7902 WESTPARK DR
City-State-Zip: MCLEAN VA 22102

Title MANAGER
Name CALLISON, JACK R. JR.
Address 7902 WESTPARK DR
City-State-Zip: MCLEAN VA 22102

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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: EDWARD FRANTZ**VICE PRESIDENT &
SECRETARY**

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	MANAGER
Name	KIRK, HEATHER
Address	C/O REVERA INC. 5015 SPECTRUM WAY, SUITE600
City-State-Zip:	MISSISSAUGA ON L4W 0E4