

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000004849

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**6434285524CC**

**Entity Name:** NV BOCA RESORT INVESTORS LLC

**Current Principal Place of Business:**

15 RIVER ROAD  
SUITE 15B  
WILTON, CT 06897

**Current Mailing Address:**

15 RIVER ROAD  
SUITE 15B  
WILTON, CT 06897 US

**FEI Number:** 84-1781882

**Certificate of Status Desired:** No

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

COGENCY GLOBAL INC.  
115 NORTH CALHOUN ST.  
SUITE:4  
TALLAHASSEE, FL 32301 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  
Name HALLGARTEN, SIMON  
Address 15 RIVER ROAD  
SUITE 15B  
City-State-Zip: WILTON CT 06897

Title MEMBER  
Name MANCE, MARK  
Address 15 RIVER ROAD  
SUITE 15B  
City-State-Zip: WILTON CT 06897

Title MEMBER  
Name ZEUSKE, DAVID  
Address 15 RIVER ROAD  
SUITE 15B  
City-State-Zip: WILTON CT 06897

Title MEMBER  
Name TREVENEN, MATTHEW  
Address 15 RIVER ROAD  
SUITE 15B  
City-State-Zip: WILTON CT 06897

Title MEMBER  
Name MCLEAN, BRENT  
Address 15 RIVER ROAD  
SUITE 15B  
City-State-Zip: WILTON CT 06897

*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:** SIMON HALLGARTEN

**MEMBER**

**04/27/2020**

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

\_\_\_\_\_  
Date