

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000005958

Entity Name: SAND LAKE ACQUISITION LLC

Current Principal Place of Business:

ONE BEACON STREET
24TH FL
BOSTON, MA 02108

Current Mailing Address:

15771 REDHILL AVENUE
SUITE 100
TUSTIN, CA 92780 US

FEI Number: 36-4871802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	MEMBER	Title	AUTHORIZED SIGNATORY
Name	SAND LAKE ACQUISITION (GP) LLC	Name	RAGNAUTH, RAVI
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	AUTHORIZED SIGNATORY	Title	AUTHORIZED SIGNATORY
Name	DOHERTY, DAVID	Name	BLOOM, MARY BETH
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	AUTHORIZED SIGNATORY	Title	AUTHORIZED SIGNATORY
Name	LAMB, JOHN	Name	HERBST, PETER
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108
Title	AUTHORIZED SIGNATORY	Title	AUTHORIZED SIGNATORY
Name	POLCARO, JASON	Name	SCHRUMPF, ERIC
Address	ONE BEACON STREET 24TH FL	Address	ONE BEACON STREET 24TH FL
City-State-Zip:	BOSTON MA 02108	City-State-Zip:	BOSTON MA 02108

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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: 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 FL
City-State-Zip: BOSTON MA 02108

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

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