

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000056993

**Entity Name:** BOYLSTON RE, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BOULEVARD, SUITE 200  
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BOULEVARD, SUITE 200  
ORLANDO, FL 32827 US**FEI Number:** 82-4715063**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL REGISTERED AGENTS INC  
NATIONAL REGISTERED AGENTS, INC.  
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	VP	Title	VP
Name	WEAVER, BENJAMIN	Name	BEUCHER, NICHOLAS F III
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200	Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	VP, S	Title	P
Name	RENCORET, MICHELLE R	Name	COLLIN, T CRAIG
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200	Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	VPT		
Name	BYRNES, DANIEL		
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200		
City-State-Zip:	ORLANDO FL 32827		

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:** BENJAMIN A. WEAVER

VICE PRESIDENT

03/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date