

2020 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, T
Name	WEAVER, BENJAMIN
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200
City-State-Zip:	ORLANDO FL 32827
Title	VP
Name	BEUCHER, NICHOLAS F III
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200
City-State-Zip:	ORLANDO FL 32827
Title	VP
Name	COLLIN, THOMAS CRAIG
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200
City-State-Zip:	ORLANDO FL 32827

Title	P
Name	ZBORIL, JAMES L
Address	6900 TAVISTOCK LAKES BOULEVARD, SUITE 200
City-State-Zip:	ORLANDO FL 32827
Title	VP, S
Name	RENCORET, MICHELLE R
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: JAMES L. ZBORIL**PRESIDENT****04/16/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date