

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000194768

Entity Name: BOXILE LLC**Current Principal Place of Business:**10828 SEA CLIFF CIRCLE
BOCA RATON, FL 33498**Current Mailing Address:**1220 E CUMBERLAND AVE
APT. 104
TAMPA, FL 33602 US**FEI Number:** 83-1630236**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TCHOGORIAN, ALEXANDRE
3819 NE 170TH ST
NORTH MIAMI BEACH, FL 33160 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	DIPERNA, JUSTIN
Address	10828 SEA CLIFF CIRCLE
City-State-Zip:	BOCA RATON FL 33498

Title	MGR
Name	TCHOGORIAN, ALEXANDRE
Address	3819 NE 170TH ST
City-State-Zip:	NORTH MIAMI BEACH FL 33160

Title	MGR
Name	BAROFSKY, PHILIP
Address	1220 E CUMBERLAND AVE APT. 104
City-State-Zip:	TAMPA FL 33602

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: JUSTIN DIPERNA

MGR

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date