

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009384

FILED
Mar 30, 2022
Secretary of State
3491015522CC

Entity Name: BOF FL FOUNTAIN SQUARE LLC

Current Principal Place of Business:

FIVE CONCOURSE PARKWAY
SUITE 500
ATLANTA, GA 30328

Current Mailing Address:

FIVE CONCOURSE PARKWAY
SUITE 500
ATLANTA, GA 30328 US

FEI Number: 82-3249731

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
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 MEMBER
Name BOF JV FOUNTAIN SQUARE LLC
Address 111 EAST SEGO LILY DRIVE
SUITE 400
City-State-Zip: SANDY UT 84070

Title MEMBER
Name SLAGER, JONATHAN P.
Address FIVE CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

Title MEMBER
Name WARD, JOHN R.
Address FIVE CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

Title AP
Name WARD, JOHN
Address 5 CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

Title AP
Name KUYKENDALL, KELLY
Address 5 CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

Title AP
Name AMASON, KEMP
Address 5 CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

Title AP
Name TRAHAN, KELLY
Address 5 CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

Title MANAGER
Name KUYKENDALL, KELLY
Address FIVE CONCOURSE PARKWAY
SUITE 500
City-State-Zip: ATLANTA GA 30328

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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: JONATHAN SLAGER

MANAGER

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name TRAHAN, KELLY
Address FIVE CONCOURSE PARKWAY
 SUITE 500
City-State-Zip: ATLANTA GA 30328

Title MANAGER
Name AMASON, KEMP
Address FIVE CONCOURSE PARKWAY
 SUITE 500
City-State-Zip: ATLANTA GA 30328

Title MANAGER
Name SLAGER, JONATHAN
Address FIVE CONCOURSE PARKWAY
 SUITE 500
City-State-Zip: ATLANTA GA 30328