

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009384

**FILED**  
**Jun 04, 2020**  
**Secretary of State**  
**2482243851CC**

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

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

*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**

**06/04/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date