2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000000345

Entity Name: SUNRISE OF BOYNTON BEACH OPCO, LLC

FILED
May 01, 2023
Secretary of State
2081812994CC

Current Principal Place of Business:

7902 WESTPARK DR MCLEAN. VA 22102

Current Mailing Address:

7902 WESTPARK DR MCLEAN, VA 22102 US

FEI Number: 82-4816383 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT 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: EDWARD FRANTZ 05/01/2023

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title MGR Title MGR

NameOLYMPITIS, JOHNNameSIMON, RUSSELLAddressC/O REVERA INC.AddressC/O REVERA INC.

5015 SPECTRUM WAY, SUITE 600 5015 SPECTRUM WAY, SUITE 600

City-State-Zip: MISSISSAUGA, ON L4W 0E4 City-State-Zip: MISSISSAUGA, ON L4W 0E4

Title VP, TREASURER

Name COELHO, ANDREW Name PAINTER, DAVID

Address 7902 WESTPARK DR Address 7902 WESTPARK DR

City-State-Zip: MCLEAN VA 22102 City-State-Zip: MCLEAN VA 22102

Title VP, SECRETARY Title VP

NameFRANTZ, EDWARDNameSEKEL, WENDYAddress7902 WESTPARK DRAddress7902 WESTPARK DRCity-State-Zip:MCLEAN VA 22102City-State-Zip:MCLEAN VA 22102

Title VP Title MANAGER

NameKROSKIN, PHILIPNameCALLISON, JACK R. JR.Address7902 WESTPARK DRAddress7902 WESTPARK DRCity-State-Zip:MCLEAN VA 22102City-State-Zip:MCLEAN VA 22102

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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: EDWARD FRANTZ

VICE PRESIDENT & SECRETARY

05/01/2023

Date

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued:

MANAGER Title

KIRK, HEATHER Name

Address

C/O REVERA INC. 5015 SPECTRUM WAY, SUITE 600

City-State-Zip: MISSISSAUGA ON L4W 0E4