

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000006988

**Entity Name:** BOF FL FLAGLER STATION LLC

**Current Principal Place of Business:**

111 E. SEGO LILY DRIVE  
SUITE 400  
SANDY, UT 84070

**Current Mailing Address:**

111 E. SEGO LILY DRIVE  
SUITE 400  
SANDY, UT 84070 US

**FEI Number:** NOT APPLICABLE

**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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

|                 |                                     |                 |                                     |
|-----------------|-------------------------------------|-----------------|-------------------------------------|
| Title           | MEMBER                              | Title           | INDEPENDENT MANAGER                 |
| Name            | BOF JV FLAGLER STATION LLC          | Name            | BEAUSOLEIL, RICARDO                 |
| Address         | 111 E. SEGO LILY DRIVE<br>SUITE 400 | Address         | 111 E. SEGO LILY DRIVE<br>SUITE 400 |
| City-State-Zip: | SANDY UT 84070                      | City-State-Zip: | SANDY UT 84070                      |

*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:** BOF JV FLAGLER STATION LLC

**MEMBER**

**05/22/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date