

**2020 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M19000006989

**Entity Name:** BOF FL DORAL SQUARE 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:** 84-2412689

**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  
Name BOF JV DORAL SQUARE LLC  
Address 111 E. SEGO LILY DRIVE  
SUITE 400  
City-State-Zip: SANDY UT 84070

Title MANAGER  
Name JONATHAN , SLAGER  
Address 111 E. SEGO LILY DRIVE  
SUITE 400  
City-State-Zip: SANDY UT 84070

Title MANAGER  
Name WARD, JOHN  
Address 111 E. SEGO LILY DRIVE  
SUITE 400  
City-State-Zip: SANDY UT 84070

Title AUTHORIZED SIGNOR  
Name URBINA, DIANA  
Address 111 E. SEGO LILY DRIVE  
SUITE 400  
City-State-Zip: SANDY UT 84070

Title AUTHORIZED SIGNOR  
Name EVERETT, KEITH  
Address 111 E. SEGO LILY DRIVE  
SUITE 400  
City-State-Zip: SANDY UT 84070

Title AUTHORIZED SIGNOR  
Name KUY, KELLY  
Address 111 E. SEGO LILY DRIVE  
SUITE 400  
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:** JONATHAN SLAGER

MANAGER

06/22/2020

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

\_\_\_\_\_  
Date