

**2023 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M20000004697

**Entity Name:** AHI BOYETTE OAKS, LLC

**Current Principal Place of Business:**

280 PILOT ROAD  
LAS VEGAS , NV 89119

**Current Mailing Address:**

280 PILOT ROAD  
LAS VEGAS , NV 89119 US

**FEI Number:** NOT APPLICABLE

**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 MGR  
Name VOGT-LOWELL, SARA  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title MANAGER  
Name SINGELYN, DAVID P.  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE  
Name JOHNSON, ZACKORY  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE  
Name LANDRY, BRENT  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE  
Name PALMER, LINCOLN  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title AUTHORIZED REPRESENTATIVE  
Name JONES, TODD  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title VP  
Name EDWARDS, BRAD  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

Title VP  
Name STONE, MICHAEL  
Address 280 PILOT ROAD  
City-State-Zip: LAS VEGAS NV 89119

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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:** LINCOLN PALMER

**AUTHORIZED  
REPRESENTATIVE**

**04/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title	VP
Name	MAHANY, BEN
Address	280 PILOT ROAD
City-State-Zip:	LAS VEGAS NV 89119