# 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

SIGNATURE: GUNWANT S DHALIWAL

Electronic Signature of Signing Authorized Person(s) Detail

## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0300006622

Entity Name: GSD MANAGEMENT SERVICES, LLC

#### **Current Principal Place of Business:**

6329 STATE ROAD 54 NEW PORT RICHEY, FL 34653

#### **Current Mailing Address:**

6329 STATE ROAD 54 NEW PORT RICHEY. FL 34653 US

#### FEI Number: 38-3674039

### Name and Address of Current Registered Agent:

SIDHU, RATINDER 6329 STATE ROAD 54 NEW PORT RICHEY, FL 34653 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

#### Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER
Name	DHALIWAL, GUNWANT S	Name	DHALIWAL, TEJINDER
Address	6329 STATE ROAD 54	Address	6329 STATE ROAD 54
City-State-Zip:	NEW PORT RICHEY FL 34653	City-State-Zip:	NEW PORT RICHEY FL 34653

that my name appears above, or on an attachment with all other like empowered. 01/25/2023

MANAGING MEMBER

Date

FILED Jan 25, 2023 Secretary of State 5918425163CC

Certificate of Status Desired: No

Date