

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000015641

**Entity Name:** BSD PENSION, LLC

**Current Principal Place of Business:**

PO 811299  
BOCA RATON, FL 33481

**Current Mailing Address:**

P.O. BOX 811299  
BOCA RATON, FL 33481

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

WEISSMAN, ANDREW  
PO 811299  
BOCA RATON, FL 33481 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 WEISSMAN, ANDREW  
Address 224 SPRUCE MILL LANE  
City-State-Zip: SCOTCH PLAINS NJ 07076

*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:** ANDREW WEISSMAN

**MANAGER**

**01/16/2020**

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

\_\_\_\_\_  
Date