

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000100142

Entity Name: BDP DEVELOPMENT SERVICES FLORIDA, LLC**Current Principal Place of Business:**9525 W. BRYN MAWR AVE.
SUITE 700
ROSEMONT, IL 60018**Current Mailing Address:**9525 W. BRYN MAWR AVE.
SUITE 700
ROSEMONT, IL 60018 US**FEI Number:** 46-3242337**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COGENCY GLOBAL INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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 AUTHORIZED REPRESENTATIVE
Name CARROLL, KEVIN
Address 201 S. BISCAYNE BLVD.
SUITE 1950
City-State-Zip: MIAMI FL 33131

Title CEO
Name POULOS, STEVE
Address 9525 W. BRYN MAWR AVE.
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title PRESIDENT
Name PRICCO, ANTHONY
Address 9525 W. BRYN MAWR AVE.
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title VP
Name GROETSEMA, STEVE
Address 9525 W. BRYN MAWR AVE.
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title VP
Name ZASCHE, SEAN
Address 9525 W. BRYN MAWR AVE.
SUITE 700
City-State-Zip: ROSEMONT IL 60018

Title VP
Name SIEGEL, NICK
Address 9525 W. BRYN MAWR AVE.
SUITE 700
City-State-Zip: ROSEMONT IL 60018

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: ANTHONY PRICCO**PRESIDENT****02/03/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date