

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000126549

**Entity Name:** S T BSD LLC

**Current Principal Place of Business:**

497 W CENTRAL AVE  
204  
SPRING VALLEY, NY 10977-5686

**Current Mailing Address:**

497 W CENTRAL AVE  
204  
SPRING VALLEY, NY 10977-5686 US

**FEI Number:** 82-1836629

**Certificate of Status Desired:** No

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

SACHS SAX CAPLAN, P.L.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 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 MANN, MOSHE  
Address 497 W CENTRAL AVE  
204  
City-State-Zip: SPRING VALLEY NY 10977-5686

*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:** MANN, MOSHE

**MEMBER MANAGER**

**01/17/2023**

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

\_\_\_\_\_  
Date