

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000160340

Entity Name: BP WORKS LLC**Current Principal Place of Business:**7646 HEYWARD CIRCLE
UNIVERSITY PARK, FL 34201**Current Mailing Address:**7646 HEYWARD CIRCLE
UNIVERSITY PARK, FL 34201 UN**FEI Number:** 82-2322665**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRUDNER, GARY
7646 HEYWARD CIRCLE
UNIVERSITY PARK, FL 34201 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 BRUDNER, GARY M
Address 7646 HEYWARD CIRCLE
City-State-Zip: UNIVERSITY PARK FL 34201

Title MANAGER
Name HUGHES, ROBERT H
Address 2929 SEASONS BLVD
City-State-Zip: SARASOTA FL 34240

Title MANAGER
Name WEBER, DAVID C
Address 221 E. NELSON AVE
City-State-Zip: ALEXANDRIA VA 22301

Title MANAGER
Name CHEATLE, RACHEL T
Address 17376 ALBERT DRIVE
City-State-Zip: CULPEPER VA 22701

Title MANAGER
Name POWELL, STEVEN
Address 820 GREYSTONE LANE
SARASOTA
City-State-Zip: FL FL 34232

Title MANAGER
Name HUGHES, RUSSELL H
Address 200 WEST STREET
City-State-Zip: WRENTHAM MA 02093

Title MANAGER
Name CHEATLE, JAMES M
Address 2305 MAPLEWOOD CT
City-State-Zip: CULPEPER VA 22701

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: GARY BRUDNER**MGR PARTNER****04/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date