

**2024 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

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**0103359202CC**

**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:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND DRIVE  
PLANTATION, FL 33324 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            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

Title            AUTHORIZED REPRESENTATIVE  
Name            CARROLL, KEVIN  
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**

**04/30/2024**

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

\_\_\_\_\_  
Date