

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000066314

**Entity Name:** BSD STAFFING LLC

**Current Principal Place of Business:**

4303 VINELAND ROAD  
SUITE 16  
ORLANDO, FL 32811

**Current Mailing Address:**

4303 VINELAND ROAD  
SUITE 16  
ORLANDO, FL 32811 US

**FEI Number:** 81-5224580

**Certificate of Status Desired:** No

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

ROWE, DAVID  
4303 VINELAND RD  
SUITE F-16  
ORLANDO, FL 32811 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 AMBR, PRESIDENT  
Name ROWE, DAVID  
Address 4303 VINELAND RD  
SUITE F-16  
City-State-Zip: ORLANDO FL 32811

Title AMBR, PRESIDENT  
Name ROWE, IAN  
Address 4303 VINELAND RD  
SUITE F-16  
City-State-Zip: ORLANDO FL 32811

Title MGR  
Name ROWE, DAVID  
Address 4303 VINELAND RD  
SUITE F-16  
City-State-Zip: ORLANDO FL 32811

Title AUTHORIZED MEMBER, PRESIDENT  
Name ROWE, MAX  
Address 4303 VINELAND ROAD  
SUITE 16  
City-State-Zip: ORLANDO FL 32811

*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:** DAVID ROWE

**PRESIDENT**

**01/24/2023**

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

\_\_\_\_\_  
Date