

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000225206

**Entity Name:** BPRESOURCES2020 LLC

**Current Principal Place of Business:**

4604 CHERYL CT  
PLANT CITY, FL 33567

**Current Mailing Address:**

4604 CHERYL COURT  
PLANT CITY, FL 33567 US

**FEI Number: 85-2396188**

**Certificate of Status Desired: No**

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

PULIDO, BRIAN E  
4604 CHERYL CT  
PLANT CITY, FL 33567 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	AP	Title	AUTHORIZED MEMBER
Name	PULIDO, BRIAN E	Name	PULIDO, MICHAELA
Address	4604 CHERYL CT	Address	PO BOX 931
City-State-Zip:	PLANT CITY FL 33567	City-State-Zip:	DURANT FL 33530
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	PULIDO, REBECCA VERONICA	Name	PULIDO , DANIELLE
Address	PO BOX 931	Address	PO BOX 931
City-State-Zip:	DURANT FL 33530	City-State-Zip:	DURANT FL 33530

*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: PULIDO, BRIAN E**

**OWNER**

**04/12/2024**

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

\_\_\_\_\_  
Date