

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000025337

Entity Name: BDMM GROUP LLC**Current Principal Place of Business:**6770 WALTERS RD
CLARKSTON, MI 48346**Current Mailing Address:**6770 WALTERS RD
CLARKSTON, MI 48346 US**FEI Number:** 86-1748148**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZENBUSINESS INC.
336 E. COLLEGE AVE. SUITE 301
TALLAHASSEE, FL 32301 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:** KHADIJEH HEMMATI

02/16/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name LEE, BOBBY
Address 6770 WALTERS RD
City-State-Zip: CLARKSTON MI 48346

Title AMBR
Name LEE, MICHAEL
Address 9009 TINDALL RD
City-State-Zip: DAVISBURG MI 48350

Title AMBR
Name LEE, WENDY
Address 9009 TINDALL RD
City-State-Zip: DAVISBURG MI 48350

Title AMBR
Name LEE, DAVID
Address 314 PAYNE AVE
City-State-Zip: PONTIAC MI 48341

Title AMBR
Name HER, TAAG
Address 314 PAYNE AVE
City-State-Zip: PONTIAC MI 48342

Title AMBR
Name LEE, MINDY
Address 16 GINGELL CT
City-State-Zip: PONTIAC MI 48342

Title MEMBER
Name CHANG, XIONG
Address 16 GINGELL CT
City-State-Zip: PONTIAC MI 48342

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: BOBBY LEE

MEMBER

02/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date