

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000146847

**Entity Name:** BADMANDEV LLC

**Current Principal Place of Business:**

13719 NW 18 ST.  
PEMBROKE PINES, FL 33028

**Current Mailing Address:**

13719 NW 18 ST.  
PEMBROKE PINES, FL 33028 US

**FEI Number: 88-2098008**

**Certificate of Status Desired: No**

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

BOYKINS, ANTHONY  
13719 NW 18 ST.  
PEMBROKE PINES, FL 33028 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  
Name BOYKINS, ANTHONY  
Address 13719 NW 18 ST.  
City-State-Zip: PEMBROKE PINES FL 33028

Title S  
Name BOYKINS, DEVIN  
Address 13719 NW 18 ST.  
City-State-Zip: PEMBROKE PINES FL 33028

Title AMBR  
Name BOYKINS, TAMARA  
Address 13719 NW 18 ST.  
City-State-Zip: PEMBROKE PINES FL 33028

*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 BOYKINS**

**AMBR**

**03/13/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date