

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000439091

Entity Name: BBBAD, LLC**Current Principal Place of Business:**7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702**Current Mailing Address:**400 SOUTHPOINTE BLVD SUITE 410
CANONSBURG, PA 15317 US**FEI Number:** 92-1997865**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REGISTERED AGENTS INC
7901 4TH ST N STE 300
ST. PETERSBURG, FL 33702 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	MANAGER
Name	COTTRILL , DARREN
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MANAGER
Name	UFFELMAN, BRIAN
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MANAGER
Name	CULLEN, BRIAN
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MANAGER
Name	LACOUTURE, ANDRE
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

Title	MANAGER
Name	OWENS, BARRY
Address	7901 4TH ST N STE 300
City-State-Zip:	ST. PETERSBURG FL 33702

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: DARREN COTTRILL

MANAGER

02/09/2023

Electronic Signature of Signing Authorized Person(s) Detail_____
Date