## **2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000000569

Entity Name: B/D OPS, LLC

**Current Principal Place of Business:** 

300 PARKLAND PLAZA ANN ARBOR, MI 48103

## **Current Mailing Address:**

300 PARKLAND PLAZA ANN ARBOR, MI 48103 US

**FEI Number: NOT APPLICABLE** Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** May 30, 2020

**Secretary of State** 

0086454684CC

## Authorized Person(s) Detail:

Title **MEMBER**  Title **MEMBER** 

Address

City-State-Zip:

SAMMONS SECURITIES, INC. Name

RYDELL, JEROME Name

ONE SAMMONS PLAZA Address

300 PARKLAND PLAZA

SIOUX FALLS SD 57193

SIOUX FALLS SD 57193 City-State-Zip:

City-State-Zip: ANN ARBOR MI 48103

Title MANAGER Title **MANAGER** 

Name RYDELL, JEROME Name SAMMONS SECURITIES, INC.

Address 300 PARKLAND PLAZA Address ONE SAMMONS PLAZA

City-State-Zip: ANN ARBOR MI 48103

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: JEROME RYDELL

**MANAGER** 

05/30/2020