

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000005176

**Entity Name:** BSA RESOURCE SOLUTIONS, LLC

**Current Principal Place of Business:**

1111 BRICKELL AVE  
SUITE 2625  
MIAMI, FL 33131

**FILED**  
**Apr 03, 2024**  
**Secretary of State**  
**6292824795CC**

**Current Mailing Address:**

1111 BRICKELL AVE  
SUITE 2625  
MIAMI, FL 33131 US

**FEI Number:** 20-4900014

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM F  
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

**Authorized Person(s) Detail :**

Title	MANAGER	Title	CEO
Name	FITZMAURICE, ANDREW	Name	FITZMAURICE, ANDREW
Address	1111 BRICKELL AVE SUITE 2625	Address	1111 BRICKELL AVE SUITE 2625
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	SECRETARY	Title	MANAGER
Name	FITZMAURICE, ANDREW	Name	WALLS, ROBERT
Address	1111 BRICKELL AVE SUITE 2625	Address	1111 BRICKELL AVE SUITE 2625
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	PRESIDENT	Title	TREASURER
Name	WALLS, ROBERT	Name	WALLS, ROBERT
Address	1111 BRICKELL AVE SUITE 2625	Address	1111 BRICKELL AVE SUITE 2625
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

*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:** ANDREW FITZMAURICE

**MANAGER**

**04/03/2024**

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

\_\_\_\_\_  
Date