

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000082808

**Entity Name:** REDBRIDGE REALTY, LLC**Current Principal Place of Business:**C/O DAVID BEYER  
101 E KENNEDY BLVD STE 3400  
TAMPA, FL 33602**Current Mailing Address:**PO BOX 2107  
SEFFNER, FL 33583 US**FEI Number:** 45-2777832**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**DIAMANDIS, JOHN T  
3239 HENDERSON BLVD  
TAMPA, FL 33609 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      PRESIDENT, MANAGER  
Name      SHIMBERG, ELIZABETH  
Address    C/O DAVID BEYER  
             101 E KENNEDY BLVD STE 3400  
City-State-Zip: TAMPA FL 33602

Title      MANAGER  
Name      PERIMETER EQUITY LLC  
Address    101 E KENNEDY BLVD STE 3400  
City-State-Zip: TAMPA FL 33602

Title      VP, TREASURER  
Name      SHEER, JAMIE  
Address    11540 E US HIGHWAY 92  
City-State-Zip: SEFFNER FL 33584

Title      VP  
Name      WEITZNER, PETER  
Address    4004 SUMMIT BOULEVARD NE, SUITE  
             600  
City-State-Zip: ATLANTA GA 30319

Title      VP, SECRETARY  
Name      SCHNELL, RANDI  
Address    4004 SUMMIT BOULEVARD NE, SUITE  
             600  
City-State-Zip: ATLANTA GA 30319

Title      ASST. SECRETARY  
Name      PEREZ, JORGE  
Address    11540 E US HIGHWAY 92  
City-State-Zip: SEFFNER FL 33584

*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:** JAMIE SHEER

VP

01/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date