

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000080724

Entity Name: BRIDGING THE GAPZ, LLC

Current Principal Place of Business:

1319 WOODS STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

PO BOX 41533
JACKSONVILLE, FL 32203

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DICKERSON, HAZELENE L
1319 WOODS STREET
JACKSONVILLE, FL 32209 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 MGR
Name DICKERSON, HAZELENE L
Address 1319 WOODS STREET
City-State-Zip: JACKSONVILLE FL 32209

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: HAZELENE L DICKERSON

MANAGER

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date