## 2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000054856

Entity Name: BRIDGE DEVELOPMENT PARTNERS, LLC

**FILED** Feb 01, 2022 **Secretary of State** 5164904065CC

## **Current Principal Place of Business:**

201 S. BISCYANE BLVD. **SUITE 2601** MIAMI, FL 33131

## **Current Mailing Address:**

9525 W. BRYN MAWR AVENUE SUITE 700 ROSEMONT, IL 60018 US

FEI Number: 36-4360684 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN STREET SUITE 4 TALLAHASSEE, FL 32301 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:

Name

Date Electronic Signature of Registered Agent

Name

Authorized Person(s) Detail:

Title **MANAGER** Title **MANAGER** 

Name CARROLL, KEVIN Name POULOS, STEVE

201 S. BISCAYNE BLVD., SUITE 1950 9525 W. BRYN MAWR AVENUE Address Address

SUITE 700 City-State-Zip: MIAMI FL 33131

City-State-Zip: ROSEMONT IL 60018

Title **MANAGER** Title **MANAGER** ZASCHE, SEAN

PRICCO, ANTHONY 444 W. LAKE STREET Address

444 W. LAKE STREET Address **SUITE 3125** 

**SUITE 3125** 

City-State-Zip: CHICAGO IL 60606 City-State-Zip: CHICAGO IL 60606

Title **MANAGER** 

GROETSEMA, STEVE Name 444 W. LAKE STREET Address

**SUITE 3125** 

City-State-Zip: CHICAGO IL 60606

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.

02/01/2022 SIGNATURE: STEVE POULOS **MANAGER**