## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000054856

Entity Name: BRIDGE DEVELOPMENT PARTNERS, LLC

**Current Principal Place of Business:** 

9525 W BRYN MAWR AVE SUITE 700 ROSEMONT, IL 60018

**Current Mailing Address:** 

9525 W BRYN MAWR AVE SUITE 700

ROSEMONT, IL 60018 US

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

Name and Address of Current Registered Agent:

CT CORPORAITON 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** Mar 20, 2024

**Secretary of State** 

6819352951CC

Authorized Person(s) Detail:

Title CEO Title **PRESIDENT** 

POULOS, STEVE Name Name PRICCO, ANTHONY

Address 9525 W BRYN MAWR AVE Address 9525 W BRYN MAWR AVE

> SUITE 700 SUITE 700

ROSEMONT IL 60018 ROSEMONT IL 60018 City-State-Zip: City-State-Zip:

Title VΡ Title VΡ

GROETSEMA, STEVE ZASCHE, SEAN Name Name

9525 W BRYN MAWR AVE 9525 W BRYN MAWR AVE Address Address

SUITE 700

ROSEMONT IL 60018 ROSEMONT IL 60018 City-State-Zip: City-State-Zip:

Title ۷P Title AUTHORIZED REPRESENTATIVE

SUITE 700

SIEGEL, NICK CARROLL, KEVIN Name Name

9525 W BRYN MAWR AVE 9525 W BRYN MAWR AVE Address Address

SUITE 700 SUITE 700

ROSEMONT IL 60018 ROSEMONT IL 60018 City-State-Zip: City-State-Zip:

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: ANTHONY PRICCO PRESIDENT

Electronic Signature of Signing Authorized Person(s) Detail

03/20/2024 Date