

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000151416

Entity Name: BRIDGE AVE GH, LLC**Current Principal Place of Business:**201 S. BISCAYNE BLVD.
SUITE 1950
MIAMI, FL 33131**Current Mailing Address:**9525 W. BRYN MAWR AVENUE
SUITE 700
ROSEMONT, IL 60018 US**FEI Number:** 83-0965265**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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	MANAGER
Name	CARROLL, KEVIN
Address	201 S. BISCAYNE BLVD, SUITE 1950
City-State-Zip:	MIAMI FL 33131

Title	MANAGER
Name	GROETSEMA, STEVE
Address	9525 W BRYN MAWR AVENUE SUITE 700
City-State-Zip:	ROSEMONT IL 60018

Title	MANAGER
Name	ZASCHE, SEAN
Address	444 W. LAKE STREET SUITE 3125
City-State-Zip:	CHICAGO IL 60606

Title	MANAGER
Name	POULOS, STEVE
Address	9525 W. BRYN MAWR AVE SUITE 700
City-State-Zip:	ROSEMONT IL 60018

Title	MANAGER
Name	PRICCO, ANTHONY
Address	444 W. LAKE STREET 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.

SIGNATURE: STEVE POULOS

MANAGER

02/01/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date