

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000151419

**Entity Name:** BRIDGE AVE KP, LLC

**Current Principal Place of Business:**

9525 W BRYN MAWR AVE  
SUITE 700  
ROSEMONT, IL 60018

**Current Mailing Address:**

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

**FEI Number:** 83-0987644

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COGENCY GLOBAL INC.  
115 NROTH 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 AUTHORIZED REPRESENTATIVE  
Name CARROLL, KEVIN  
Address 201 S. BISCAYNE BLVD, SUITE 1950  
City-State-Zip: MIAMI FL 33131

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

Title VP  
Name ZASCHE, SEAN  
Address 9525 W. BRYN MAWR AVENUE  
SUITE 700  
City-State-Zip: ROSEMONT IL 60018

Title PRESIDENT  
Name PRICCO, ANTHONY  
Address 9525 W. BRYN MAWR AVENUE  
SUITE 700  
City-State-Zip: ROSEMONT IL 60018

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

Title VP  
Name SIEGEL, NICK  
Address 9525 W. BRYN MAWR AVENUE  
SUITE 700  
City-State-Zip: ROSEMONT IL 60018

*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**

**02/08/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date