## 2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L18000212670

Entity Name: BRIDGE 595, LLC

**FILED** Feb 01, 2022 **Secretary of State** 2171287477CC

**Current Principal Place of Business:** 

MIAMI CENTER, 201 SOUTH BISCAYNE BLVD. **SUITE 1950** MIAMI, FL 33131

## **Current Mailing Address:**

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

FEI Number: 83-3779473 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN ST. 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:

Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

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

Name CARROLL, KEVIN Name POULOS, STEVE

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

SUITE 700 1950

City-State-Zip: MIAMI FL 33131 City-State-Zip: ROSEMONT IL 60018

Title **MANAGER** Title **MANAGER** Name PRICCO, ANTHONY Name ZASCHE, SEAN

Address 444 W. LAKE STREET Address 444 W. LAKE STREET

**SUITE 3125 SUITE 3125** 

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

City-State-Zip:

Title **MANAGER** 

GROETSEMA, STEVE Name

9525 W. BRYN MAWR AVENUE Address

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.