

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000092173

**Entity Name:** BRIDGET FITZGERALD, LLC

**Current Principal Place of Business:**

429 LENOX AVE SUITE 419  
MIAMI BEACH, FL 33139

**FILED**  
**Mar 09, 2020**  
**Secretary of State**  
**0186995351CC**

**Current Mailing Address:**

429 LENOX AVE  
SUITE 419  
MIAMI BEACH, FL 33139 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: Yes**

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

FITZGERALD, BRIDGET  
429 LENOX AVE  
SUITE 419  
MIAMI, FL 33131 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	MGR	Title	AR
Name	FITZGERALD, BRIDGET	Name	TORTORICH, PHILIP
Address	429 LENOX AVE SUITE 419	Address	641 W. LAKE STREET., SUITE 500
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	CHICAGO IL 60661

*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: BRIDGET FITZGERALD** \_\_\_\_\_

**OWNER**

**03/09/2020**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date