

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000292402

**Entity Name:** BRIDGE MEDICAL PRODUCTS LLC

**Current Principal Place of Business:**

3901 NW 79TH AVE SUITE 245 #988  
MIAMI, FL 33166

**Current Mailing Address:**

3901 NW 79TH AVE SUITE 245 #988  
MIAMI, FL 33166 US

**FEI Number: 84-3943386**

**Certificate of Status Desired: No**

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

LEGALINC CORPORATE SERVICES INC.  
5237 SUMMERLIN COMMONS  
SUITE 400  
FORT MYERS, FL 33907 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            AMBR  
Name            LYNN, JOHN  
Address        3901 NW 79TH AVE SUITE 245 #988  
City-State-Zip: MIAMI FL 33166

*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: JOHN M LYNN**

**OWNER**

**04/06/2020**

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

\_\_\_\_\_  
Date