I hereby certify that the informat oath; that I am a managing men that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNA BERRIDGE

Electronic Signature of Signing Authorized Person(s) Detail

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000319256

Entity Name: THE BERRIDGE LIMITED LIABILITY COMPANY

Current Principal Place of Business:

1200 BEACH DRIVE UNIT 7 ST PETERSBURG, FL 33701

Current Mailing Address:

1200 BEACH DRIVE UNIT 7 ST PETERSBURG, FL 33701 US

FEI Number: APPLIED FOR

Name and Address of Current Registered Agent:

BERRIDGE, JOANNA 3508 CORÓNADO DRIVE **UNIT 107** SARASOTA, FL 34231 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

Authorized Person(s) Detail :

Authorized Ferson(s) Detail.				
Title	MGR	Title	MGR	
Name	BERRIDGE, JOANNA	Name	BERRIDGE, JASON	
Address	1200 BEACH DRIVE UNIT 7	Address	1200 BEACH DRIVE	
City-State-Zip:	ST PETERSBURG FL 33701	City-State-Zip:	UNIT 7 ST PETERSBURG FL 33701	

ation 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	
mber 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	

3295223760CC

FILED Apr 27, 2023

Secretary of State

Date

Date

Certificate of Status Desired: No

04/27/2023 MGR