

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000204419

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**8923364671CC**

**Entity Name:** BERRIDGE INTUITIVE GROUP L.L.C

**Current Principal Place of Business:**

25767 TILLY HAWK LN  
BROOKSVILLE, FL 34602

**Current Mailing Address:**

25767 TILLY HAWK LN  
BROOKSVILLE, FL 34602 US

**FEI Number:** 86-3784506

**Certificate of Status Desired:** No

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

BERRIDGE, STEPHANIE L  
25767 TILLY HAWK LN  
BROOKSVILLE, FL 34602 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 BERRIDGE, GEORGE V III  
Address 25767 TILLY HAWK LN  
City-State-Zip: BROOKSVILLE FL 34602

Title MGR  
Name BERRIDGE, TRAVIS G  
Address 25767 TILLY HAWK LN  
City-State-Zip: BROOKSVILLE FL 34602

Title AMBR  
Name BERRIDGE, STEPHANIE L  
Address 25767 TILLY HAWK LN  
City-State-Zip: BROOKSVILLE FL 34602

*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:** STEPHANIE BERRIDGE

**MANAGER**

**04/30/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date