

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M23000005318

**Entity Name:** BRISTOL DEVELOPMENT GROUP, LLC

**Current Principal Place of Business:**

381 MALLORY STATION RD., SUITE 204  
FRANKLIN, TN 37067-8264

**Current Mailing Address:**

381 MALLORY STATION RD., SUITE 204  
FRANKLIN, TN 37067-8264 US

**FEI Number:** 63-1227899

**Certificate of Status Desired:** Yes

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

PALMETTO CHARTER SERVICES, INC.  
149 S. RIDGEWOOD AVENUE, SUITE 700  
DAYTONA BEACH, FL 32114 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	AP	Title	MBR
Name	JACOBS, CHARLES B	Name	CARLISLE, CHARLES
Address	381 MALLORY STATION RD., SUITE 204	Address	381 MALLORY STATION RD., SUITE 204
City-State-Zip:	FRANKLIN TN 37067-8264	City-State-Zip:	FRANKLIN TN 37067-8264
Title	MBR	Title	AP
Name	YEAGER, SAM	Name	HANCHROW, DAVID
Address	381 MALLORY STATION RD., SUITE 204	Address	381 MALLORY STATION RD., SUITE 204
City-State-Zip:	FRANKLIN TN 37067-8264	City-State-Zip:	FRANKLIN TN 37067-8264
Title	MBR	Title	AP
Name	MENEGUZZI, ASHLYN	Name	GUNDERSON, LISA
Address	381 MALLORY STATION RD., SUITE 204	Address	381 MALLORY STATION RD., SUITE 204
City-State-Zip:	FRANKLIN TN 37067-8264	City-State-Zip:	FRANKLIN TN 37067-8264

*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:** CHARLES B. JACOBS

03/12/2024

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

\_\_\_\_\_  
Date