

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000006550

Entity Name: REDBRIDGE REINSURANCE MANAGERS, LLC

Current Principal Place of Business:

1300 PONCE DE LEON BLVD SUITE 103
CORAL GABLES, FL 33134

Current Mailing Address:

1300 PONCE DE LEON BLVD SUITE 103
CORAL GABLES, FL 33134 US

FEI Number: 26-1788915

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEIL, LAURIE
1300 PONCE DE LEON BLVD SUITE 103
CORAL GABLES, FL 33134 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	MGRM	Title	MGR
Name	REDBRIDGE GROUP OF FLORIDA INC	Name	SANTIAGO, EDMUND
Address	1300 PONCE DE LEON BLVD SUITE 103	Address	1300 PONCE DE LEON BLVD SUITE 103
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134

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: EDMUND SANTIAGO

PRESIDENT

01/31/2019

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date