

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000055769

Entity Name: REDBRIDGE INSURANCE AGENCY, 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:** 27-0352845**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, LLC	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

MANAGER

03/15/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date