

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000088337

Entity Name: BRIDGE ROAD PARTNERS, LLC**Current Principal Place of Business:**8970 SE BRIDGE ROAD
HOBE SOUND, FL 33455**Current Mailing Address:**P.O. BOX 2222
HOBE SOUND, FL 33475 US**FEI Number:** 47-0998022**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MACLEOD, ERIC
8970 SE BRIDGE ROAD
HOBE SOUND, FL 33455 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 MGR
Name MACLEOD, ERIC W
Address 489 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title MGR
Name MACLEOD, KAREN B
Address 489 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title MGR
Name BIRDSEY, BARBARA U
Address 489 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title MGR
Name BIRDSEY, CHARLES J
Address 489 SOUTH BEACH ROAD
City-State-Zip: HOBE SOUND FL 33455

Title MGR
Name JACOBSSON, FREDRIK U
Address 9849 SE SANDPINE LANE
City-State-Zip: HOBE SOUND FL 33455

Title MGR
Name JACOBSSON, ERIKA S
Address 9849 SE SANDPINE LANE
City-State-Zip: HOBE SOUND FL 33455

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: ERIC MACLEOD**MANAGER****05/24/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date