

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000445145

**Entity Name:** BRIDGECAP RE1 LLC

**Current Principal Place of Business:**

282 TIERRRA COVE  
ST. JOHNS, FL 32259

**Current Mailing Address:**

282 TIERRRA COVE  
ST. JOHNS, FL 32259 US

**FEI Number:** 87-4375429

**Certificate of Status Desired:** No

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

KATRAGADDA, SAI K  
282 TIERRRA COVE  
ST. JOHNS, FL 32259 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 KANDLAKUNTA, KALYANA C  
Address 6298 BATTLEGATE RD  
City-State-Zip: JACKSONVILLE FL 32258

Title MGR  
Name CHATRATHI, RAGHUNATH S  
Address 6495 HUNTSCOT PLACE  
City-State-Zip: JACKSONVILLE FL 32258

Title AP  
Name KATRAGADDA, SAI K  
Address 282 TIERRRA COVE  
City-State-Zip: ST. JOHNS FL 32259

Title MANAGER  
Name CHALLAGULLA, SATISH K  
Address 432 W. SILVERTHORN LN  
City-State-Zip: PONTE VEDRA FL 32081

*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:** RAGHUNATH CHATRATHI

**PARTNER**

**02/02/2023**

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

\_\_\_\_\_  
Date