## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000003935

**Entity Name: BRIDGEFORCE LLC** 

**Current Principal Place of Business:** 

225 WILMINGTON WEST CHESTER PIKE SUITE 202

CHADDS FORD, PA 19317

**Current Mailing Address:** 225 WILMINGTON WEST CHESTER PIKE

**SUITE 202** 

CHADDS FORD, PA 19317 US

FEI Number: 52-2259755 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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 **MANAGER** Title **MANAGER** 

DOMINO. ANDREW MICHELLE, MACARTNEY Name Name

Address 225 WILMINGTON WEST CHESTER Address 225 WILMINGTON WEST CHESTER PIKE

PIKE, SUITE 202 SUITE 202

City-State-Zip: CHADDS FORD PA 19317 City-State-Zip: CHADDS FORD PA 19317

Title **MANAGER** Title **MANAGER** 

Name SANDERS, JOHN Name THORNBER, ADAM

Address 225 WILMINGTON WEST CHESTER Address 225 WILMINGTON WEST CHESTER **PIKE** 

PIKE, SUITE 202 SUITE 202

CHADDS FORD PA 19317 CHADDS FORD PA 19317 City-State-Zip: City-State-Zip:

Title **AUTHORIZED REPRESENTATIVE** 

WILLIAMS, MATT Name

225 WILMINGTON WEST CHESTER Address

PIKE

SUITE 202

CHADDS FORD PA 19317 City-State-Zip:

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.

04/04/2024 SIGNATURE: MATT WILLIAMS **AUTHORISED PERSON** 

**FILED** Apr 04, 2024

**Secretary of State** 

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