

2022 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	DIRECTOR, MANAGER
Name	SCARBOROUGH, MATT
Address	225 WILMINGTON WEST CHESTER PIKE SUITE 202
City-State-Zip:	CHADDS FORD PA 19317

Title	DIRECTOR, MANAGER
Name	MACARTNEY, MICHELLE
Address	225 WILMINGTON WEST CHESTER PIKE SUITE 202
City-State-Zip:	CHADDS FORD PA 19317

Title	COO, DIRECTOR
Name	DOMINO, ANDREW
Address	225 WILMINGTON WEST CHESTER PIKE SUITE 202
City-State-Zip:	CHADDS FORD PA 19317

Title	CEO, MEMBER, DIRECTOR
Name	SANDERS, JOHN
Address	225 WILMINGTON WEST CHESTER PIKE SUITE 202
City-State-Zip:	CHADDS FORD PA 19317

Title	CONTROLLER
Name	WILLIAMS, MATT
Address	225 WILMINGTON WEST CHESTER PIKE SUITE 202
City-State-Zip:	CHADDS FORD PA 19317

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: MATT WILLIAMS**AUTHORIZED PERSON****04/25/2022**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date