

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000011857

**Entity Name:** TWENTYBRIDGE LLC

**Current Principal Place of Business:**

13880 DULLES CORNER LN #300  
HERNDON, VA 20171

**Current Mailing Address:**

PO BOX 1263  
CAMARILLO, CA 93011-1263 US

**FEI Number:** 46-3312523

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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  
Name           APPLIED ENGINEERING  
                  MANAGEMENT CORPORATION  
Address        PO BOX 1263  
City-State-Zip: CAMARILLO CA 93011-1263

Title           GENERAL MANAGER  
Name           DEMONSABERT, SHARON  
Address        13880 DULLES CORNER LANE, SUITE  
                  300  
City-State-Zip: HERNDON VA 20171

Title           MEMBER  
Name           DEMONSABERT, SHARON  
Address        13880 DULLES CORNER LANE, SUITE  
                  300  
City-State-Zip: HERNDON VA 20171

Title           SECRETARY  
Name           DEMONSABERT, SHARON  
Address        13880 DULLES CORNER LANE, SUITE  
                  300  
City-State-Zip: HERNDON VA 20171

Title           TREASURER  
Name           DEMONSABERT, SHARON  
Address        13880 DULLES CORNER LANE, SUITE  
                  300  
City-State-Zip: HERNDON VA 20171

Title           PRESIDENT  
Name           DEMONSABERT JR., WINSTON  
Address        13880 DULLES CORNER LANE, SUITE  
                  300  
City-State-Zip: HERNDON VA 20171

*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:** SHARON DEMONSABERT

**TREASURER**

**04/28/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date