

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000099732

Entity Name: LIVING ON THE EDGE, LLC**Current Principal Place of Business:**1244 SE 7TH ST.
OCALA, FL 34471**Current Mailing Address:**1244 SE 7TH ST.
OCALA, FL 34471 US**FEI Number:** 20-5745626**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHUTE, LORRAINE M
15252 SE 140TH AVENUE ROAD
WEIRSDALE, FL 34471 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 VP
Name BRIGGS, BO
Address 1329 SE 14TH AVE
City-State-Zip: Ocala FL 34471

Title DR
Name DARBY, JOHN F
Address 1500 SE 17TH STREET BLDG 500
City-State-Zip: Ocala FL 34471

Title MR
Name GARRETT, ERIC
Address 8486 SE 71ST STREET
City-State-Zip: Ocala FL 34472

Title DR
Name BLOOMER, BOB
Address 10325 SE 144TH PLACE
City-State-Zip: SUMMERFIELD FL 34491

Title MR
Name MILLER, JOSH
Address 65 E TOMOKA PLACE
City-State-Zip: SUMMERFIELD FL 34491

Title BOOKKEEPER
Name SHUTE, LORRAINE M
Address 15252 SE 140TH AVENUE ROAD
City-State-Zip: WEIRSDALE FL 32195

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: BO BRIGGS

VP

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date