

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000208684

**Entity Name:** EDGEPRESENCE, LLC

**Current Principal Place of Business:**

6622 SOUTHPOINT DR S  
UNIT 250  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

6622 SOUTHPOINT DR S  
UNIT 250  
JACKSONVILLE, FL 32216 US

**FEI Number:** 83-1861449

**Certificate of Status Desired:** No

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

SIDNEY S. SIMMONS, P.L.  
562 PARK ST #300  
JACKSONVILLE, FL 32204 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 MODULAR LIFE SOLUTIONS, LLC  
Address 6622 SOUTHPOINT DR S  
UNIT 250  
City-State-Zip: JACKSONVILLE FL 32216

*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:** DOUG RECKER

CEO

04/18/2019

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

\_\_\_\_\_  
Date