

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000208684

Entity Name: EDGEPRESENCE, LLC**Current Principal Place of Business:**421 W. CHURCH ST.
SUITE 312
JACKSONVILLE, FL 32202**Current Mailing Address:**PO BOX 350970
PALM COAST, FL 32135 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
SUITE 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. AND CHAIRMAN
Name CHARTRAND, GARY R.
Address 139 PONTE VEDRA BEACH BLVD
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name KULIK, DAVID G.
Address 713 GREAT EGRET WAY
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title MGR
Name SISISKY, RICHARD L.
Address 1301 RIVERPLACE BLVD
SUITE 2400
City-State-Zip: JACKSONVILLE FL 32207

Title MGR
Name CURRAN, DANIEL R.
Address 1850 SEMINOLE ROAD
City-State-Zip: JACKSONVILLE FL 32205

Title MGR
Name LEONARD, THOMAS M.
Address 12905 BAY PLANTATION DR
City-State-Zip: JACKSONVILLE FL 32223

Title PRESIDENT
Name RECKER, FRANK DOUGLAS
Address 421 W. CHURCH ST
SUITE 312
City-State-Zip: JACKSONVILLE FL 32202

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: FRANK "DOUG" RECKER

CEO

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date