

**2021 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  
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	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:** FRANK RECKER

PRESIDENT

01/18/2021

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