

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000229425

**Entity Name:** EDWARDS FINANCIAL CAPITAL GROUP, LLC

**Current Principal Place of Business:**

7643 GATE PARKWAY  
SUITE 104-837  
JACKSONVILLE, FL 32256

**FILED**  
**Feb 29, 2024**  
**Secretary of State**  
**4443442214CC**

**Current Mailing Address:**

11736 BLACKSTONE RIVER DRIVE  
JACKSONVILLE, FL 32256 US

**FEI Number: 85-2279308**

**Certificate of Status Desired: No**

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

EDWARDS, LELAND D  
11736 BLACKSTONE RIVER DRIVE  
JACKSONVILLE, FL 32256 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            PRINCIPAL  
Name            EDWARDS, LELAND D  
Address        11736 BLACKSTONE RIVER DRIVE  
City-State-Zip: JACKSONVILLE FL 32256

*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: LELAND EDWARDS** \_\_\_\_\_

**MANAGING MEMBER**

**02/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date