

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000061089

**Entity Name:** CUSTOM LIVE EDGE, L.L.C.

**Current Principal Place of Business:**

5012 N. COOLIDGE AVE.  
BLDG 4, STE. D  
TAMPA, FL 33614

**Current Mailing Address:**

5012 N. COOLIDGE AVE.  
BLDG 4, STE. D  
TAMPA, FL 33614 US

**FEI Number:** 86-2847371

**Certificate of Status Desired:** No

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

FILTHAUT, ADAM R  
12813 DARBY RIDGE DR.  
TAMPA, FL 33624 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            AMBR  
Name            FILTHAUT, ADAM R  
Address        12813 DARBY RIDGE DR.  
City-State-Zip: TAMPA FL 33624

*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:** ADAM R. FILTHAUT

AMBR

02/05/2023

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

\_\_\_\_\_ Date