

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000180106

**Entity Name:** THE EDWARDS FIRM, LLC

**Current Principal Place of Business:**

1301 RIVERPLACE BLVD  
SUITE 800 MAILBOX #112  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

1301 RIVERPLACE BLVD  
SUITE 800 MAILBOX #112  
JACKSONVILLE, FL 32207 US

**FEI Number:** 92-2645440

**Certificate of Status Desired:** No

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

EDWARDS, KIMANO M  
1301 RIVERPLACE BLVD  
SUITE 800 MAILBOX #112  
JACKSONVILLE, FL 32207 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            EDWARDS, KIMANO M  
Address        1301 RIVERPLACE BLVD  
                  SUITE 800 MAILBOX #112  
City-State-Zip: JACKSONVILLE FL 32207

*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:** KIMANO M. EDWARDS

AMBR

03/05/2023

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

\_\_\_\_\_  
Date