2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000019473

EDGE CONSULTING GROUP, LLC



FILED. 03 JAN 27 PN 5: 06 SECRETARIE OF STATE
TALLAHASSEENEL ORIDA

						-		
Principal Pla	ce of Business	Mailing Address	Mailing Address					
4225 POINT LA VISTA ROAD WEST JACKSONVILLE FL 32207		4225 POINT LA VISTA RO JACKSONVILLE FL 32207	4225 POINT LA VISTA ROAD WEST JACKSONVILLE FL 32207					
Principal Place of Business 3. Mailing Address								
, , , , , , , , , , , , , , , , , , ,								
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		4. FEI Number		——————————————————————————————————————	pplied For at Applicable
Zip Country		Zip	Country		5. Certificate of Status Desired See Required \$5.00 Additional			
•	6. Name and Address of Cur	rent Registered Agent	•		7. Name and Address of	New Registere	ad Agent	
PARTIES - MANAGES - Manages - The Control of the Co				Name				
PUTNAL, BRYAN L 4225 POINT LA VISTA ROAD WEST				Street Address (P.O. Box Number is Not Acceptable)				
JAC	KSONVILLE FL 32207							
				City FL Zip Code				е
	e named entity submits this stateme	ent for the purpose of changing it	s register	ed office or register	red agent, or both, in the Sta	te of Florida. I a	m familiar with,	and accept
the obliga	itions of registered agent.							
SIGNATURE	Signature, typed or printed name of registered		TE D	d Agent signature required	J. J	DAT		
	Signature, typed or printed name or registered				o when reinstating)			
				FEE IS \$50.00				
		-	Make Check Payable to Florida Departme		ent of State			
			T 10.	• ·				
9.	MANAGING MEMBERS/MANAGERS				ADDITIONS/CHANGES			
TITLE	Manko somice Corpination MBR Delete 4225 Pf. La Vista Rd W, TALksonulle, FT. 32207			E			☐ Change	Addition Addition
NAME STREET ADDRESS	4225 P/ LAVISTA 2	2 W1	NAM	EET ADDRESS				
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TITLE		☐ Delete	TITL	E			☐ Change	☐ Addition
NAME			NAM					
STREET ADDRESS			STRE	ET ADDRESS				

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 release empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

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CITY-ST-ZIP

TITLE

TITLE

NAME STREET ADDRESS

Marko Scruce Comporaria

☐ Delete

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Addition

■ Addition