

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/18/2003-90326-007-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR 14 PM 2:58

Vol 3/10

DOCUMENT # L02000033203

1. Entity Name

EDGE, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

20423 STATE RD 7

20423 STATE RD 7

Suite, Apt. #, etc.

Suite, Apt. #, etc.

F6 #510

F6 #510

City & State

City & State

BOCA RATON

BOCA RATON, FL

Zip

Country

Zip

Country

FLORIDA

33498

33498

PALM BEACH

4. FEI Number

91-2186666

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

MARC SIEGEL

Street Address (P.O. Box Number is Not Acceptable)

19461 SATURNIA LAKES DR.

City

BOCA RATON

FL

Zip Code

33498

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable

3/12/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO MARC SIEGEL 19461 SATURNIA LAKES DR BOCA RATON FL 33498
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IN THIS SPACE**

CR2E083B (1/202)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #