LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE DIVISION OF CORPORATIONS 2/18/2003-90326-007-\$50.00-\$50.00 DOCUMENT # L02000033203 1. Entity Name 03 MAR 14 PM 2:58 EDGE, LLC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business Mailing Address STATERD SIME 107 40423 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE #510 City & State RATION 4. FEI Number Applied For 91-2186666 Not Applicable Country Country \$5.00 Additional 33498 5. Certificate of Status Desired Palm Beacit Fee Required 7. Name and Address of Current Registered Agent Name DOLNOTWRITE SIEGEL Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE SMURNIA LAKE. 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 fam the obligations of registered agent. with, and accept FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9. IIILE CED TITLE MARC SIEGEL NAME STREET ADDRESS 19461 SATURULA LAKES DR STREET ADDRES CITY-ST-ZIP BOLA RATION FL 33498 TITLE ណ្ឌម៉ NAME STREET ADDRESS STREET ANDRES CITY-ST-ZIP TITLE ME NAME NAME STREET ADDRESS CITY-ST-ZIP DO NOT WRITE TITLE JIME INTHIS SPACE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR CiTY-ST-7IP TITLE TILE NAME STREET ACCRESS CITY-ST-ZIP 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 inability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. limited liability company SIGNATURE: