

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000050767

**Entity Name:** PROFESSIONALEDGE ASSOCIATES LLC

**Current Principal Place of Business:**

1831 AMARYLLIS CIRCLE  
ORLANDO, FL 32825

**Current Mailing Address:**

1831 AMARYLLIS CIRCLE  
ORLANDO, FL 32825 US

**FEI Number:** 20-2955392

**Certificate of Status Desired:** No

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

BROOKS, KERRIN  
1831 AMARYLLIS CIRCLE  
ORLANDO, FL 32825 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 MGRM  
Name BROOKS, KERRIN  
Address 1831 AMARYLLIS CIRCLE  
City-State-Zip: ORLANDO FL 32825

Title MGRM  
Name LUEDKE, KIMBERLY  
Address 5490 W 115TH DRIVE  
City-State-Zip: WESTMINSTER CO 80020

*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:** KIMBERLY LUEDKE

**CO-OWNER**

**04/14/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date