

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000033750

**Entity Name:** EDGE CONSULTING, LLC

**Current Principal Place of Business:**

18 SHELDRAKE ROAD  
SCARSDALE, NY 10583

**Current Mailing Address:**

18 SHELDRAKE ROAD  
SCARSDALE, NY 10583 US

**FEI Number:** 20-4603913

**Certificate of Status Desired:** No

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

SETH Z. JOSEPH, P.A.  
255 ALHAMBRA CIRCLE  
SUITE 1250  
CORAL GABLES, FL 33134 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 MGR  
Name HIRSCHHORN, DOUGLAS K  
Address 18 SHELDRAKE ROAD  
City-State-Zip: SCARSDALE NY 10583

Title S  
Name HIRSCHHORN, AMY M  
Address 18 SHELDRAKE ROAD  
City-State-Zip: SCARSDALE NY 10583

Title T  
Name HIRSCHHORN, DOUGLAS K  
Address 18 SHELDRAKE ROAD  
City-State-Zip: SCARSDALE NY 10583

*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:** DOUGLAS K. HIRSCHHORN

MGR

04/28/2014

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

\_\_\_\_\_  
Date