

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000052650

**Entity Name:** EDGE COVE, LLC

**Current Principal Place of Business:**

370 CENTERPOINTE CIR STE 1136  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

370 CENTERPOINTE CIR STE 1136  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 47-3511722

**Certificate of Status Desired:** No

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

BOLENA, COLLEEN  
370 CENTERPOINTE CIR STE 1136  
ALTAMONTE SPRINGS, FL 32701 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 EMERSON INTERNATIONAL, INC.  
Address 370 CENTERPOINTE CIR STE 1136  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title PRESIDENT  
Name CLABER, JONATHAN  
Address 370 CENTERPOINTE CIR STE 1136  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP, TREASURER  
Name THOMAS, SHARON L  
Address 370 CENTERPOINTE CIR STE 1136  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP, SECRETARY  
Name PITT, LAWRENCE B  
Address 370 CENTERPOINTE CIR STE 1136  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title VP  
Name MEEKS, KIMBERLY  
Address 370 CENTERPOINTE CIR STE 1136  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title ASST. SECRETARY  
Name STEARNS, M SCOTT  
Address 370 CENTERPOINTE CIR STE 1136  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

*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:** JONATHAN CLABER

**PRESIDENT**

**03/15/2017**

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

\_\_\_\_\_  
Date