

2018 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: Yes

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

01/18/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date