

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000243400

**Entity Name:** LAW OFFICES OF LISA EDGAR PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED**  
**Apr 21, 2019**  
**Secretary of State**  
**5911615645CC**

**Current Principal Place of Business:**

6328 DUCK CALL COURT  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

6328 DUCK CALL COURT  
TALLAHASSEE, FL 32309

**FEI Number: 82-1104057**

**Certificate of Status Desired: No**

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

EDGAR, LISA B  
6328 DUCK CALL CT  
TALLAHASSEE, FL 32309 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 EDGAR, LISA B  
Address 6328 DUCK CALL CT  
City-State-Zip: TALLAHASSEE FL 32309

Title AUTHORIZED MEMBER  
Name EDGAR, AIDAN CHRISTOPHER  
Address 6328 DUCK CALL COURT  
City-State-Zip: TALLAHASSEE FL 32309

Title MANAGER  
Name EDGAR, MICHAEL HOWELL  
Address 6328 DUCK CALL COURT  
City-State-Zip: TALLAHASSEE FL 32309

*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: LISA B EDGAR

MANAGER

04/21/2019

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

\_\_\_\_\_  
Date