2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000042391

Entity Name: AD PERSISTENCE LLC.

Current Principal Place of Business:

6023 KIPPS COLONY DR. EAST GULFPORT, FL 33707

Current Mailing Address:

6023 KIPPS COLONY DR. EAST GULFPORT, FL 33707 US

FEI Number: 83-4553218 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CONWAY, BRIAN 6023 KIPPS COLONY DR. EAST GULFPORT, FL 33707 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

FILED Apr 04, 2022

Secretary of State

6479761301CC

Authorized Person(s) Detail :

AMBR	Title	AUTHORIZED MEMBER
CONWAY, BRIAN	Name	NEMITZ, GEORGE
6023 KIPPS COLONY DR. EAST	Address	9 WYCKOFF DRIVE
GULFPORT FL 33707	City-State-Zip:	PENNIGTON NJ 08534
	CONWAY, BRIAN 6023 KIPPS COLONY DR. EAST	CONWAY, BRIAN Name 6023 KIPPS COLONY DR. EAST Address

Title AUTHORIZED MEMBER Title **AUTHORIZED MEMBER** Name PEROSI, NICHOLAS DR. Name TURCHYN, JOSEPH Address 44 GALLANT FOX ROAD Address 91 KINGS ROAD TINTON FALLS NJ 07724 City-State-Zip: LITTLE SILVER NJ 07739 City-State-Zip:

AUTHORIZED MEMBER Title Title **AUTHORIZED MEMBER**

Name TUBINIS, MARK MORRELL. ROBERT Name Address 4 PAULINE DRIVE Address 1715 US HIGHWAY 46 APT #01-113 City-State-Zip: ANDOVER MA 01810 City-State-Zip: PARSIPPANY NJ 07054

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.

04/04/2022 SIGNATURE: BRIAN A CONWAY MANAGING MEMBER