

2020 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

Authorized Person(s) Detail :

Title AMBR
Name CONWAY, BRIAN
Address 6023 KIPPS COLONY DR. EAST
City-State-Zip: GULFPORT FL 33707

Title AUTHORIZED MEMBER
Name NEMITZ, GEORGE
Address 9 WYCKOFF DRIVE
City-State-Zip: PENNINGTON NJ 08534

Title AUTHORIZED MEMBER
Name TURCHYN, JOSEPH
Address 91 KINGS ROAD
City-State-Zip: LITTLE SILVER NJ 07739

Title AUTHORIZED MEMBER
Name PEROSI, NICHOLAS DR.
Address 44 GALLANT FOX ROAD
City-State-Zip: TINTON FALLS NJ 07724

Title AUTHORIZED MEMBER
Name MORRELL, ROBERT
Address 3 HILLSIDE AVENUE
APT #4
City-State-Zip: ROCKAWAY NJ 07866

Title AUTHORIZED MEMBER
Name TUBINIS, MARK
Address 4 PAULINE DRIVE
City-State-Zip: ANDOVER MA 01810

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: BRIAN CONWAY

MANAGING MEMBER

06/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date