2023 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

Name and Address of Current Registered Agent:

CONWAY, BRIAN 6023 KIPPS COLONY DR. EAST GULFPORT, FL 33707 US FILED Apr 24, 2023 Secretary of State 0286144072CC

Date

Certificate of Status Desired: No

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

Authorized Person(s) Detail :

Title	AMBR	Title	AUTHORIZED MEMBER
Name	CONWAY, BRIAN	Name	NEMITZ, GEORGE
Address	6023 KIPPS COLONY DR. EAST	Address	9 WYCKOFF DRIVE
City-State-Zip:	GULFPORT FL 33707	City-State-Zip:	PENNIGTON NJ 08534
		T :4 -	
Title	AUTHORIZED MEMBER	Title	AUTHORIZED MEMBER
Name	TURCHYN, PATRICIA	Name	PEROSI, NICHOLAS DR.
Address	73 ALGONQUIN AVENUE	Address	44 GALLANT FOX ROAD
City-State-Zip:	OCEANPORT NJ 07757	City-State-Zip:	TINTON FALLS NJ 07724
Title		Title	AUTHORIZED MEMBER
Title	AUTHORIZED MEMBER	The	AG INGRIZED MEMBER
Name	MORRELL, ROBERT	Name	TUBINIS, MARK
Address	1715 US HIGHWAY 46	Address	4 PAULINE DRIVE
	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.

SIGNATURE: BRIAN A CONWAY

MANAGING MEMBER

04/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date