

**2021 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:** Yes

**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**

**04/09/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date