#### 2025 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L20000003595

Entity Name: UES PROFESSIONAL SOLUTIONS, LLC

**FILED** Jul 15, 2025 **Secretary of State** 4295768801CC

## **Current Principal Place of Business:**

4205 VINELAND ROAD, SUITE L1 ORLANDO, FL 32811

### **Current Mailing Address:**

4205 VINELAND ROAD, SUITE L1 ORLANDO, FL 32811 US

FEI Number: 59-1117804 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

COGENCY GLOBAL INC. 115 NORTH CALHOUN STREET SUITE 4 TALLAHASSEE, FL 32301 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: KRISTIE TOLLIVER 07/15/2025

> Date Electronic Signature of Registered Agent

> > Address

4205 VINELAND ROAD

Authorized Person(s) Detail:

Title AMBR Title CEO

OBSIDIAN GROUP ACQUISITIONS. Name Name WITSKEN, DAVID

INC.

4205 VINELAND ROAD Address SUITE L1 SUITE L1

ORLANDO FL 32811 City-State-Zip: City-State-Zip: ORLANDO FL 32811

Title SECRETARY Title CFO, TREASURER

Name BUTTERFIELD, BENJAMIN Name LINDAHL, COLIN

Address 4205 VINELAND ROAD, SUITE L1 4205 VINELAND ROAD, SUITE L1 Address

ORLANDO FL 32811 City-State-Zip: City-State-Zip: ORLANDO FL 32811

Title AUTHORIZED REPRESENTATIVE Title CO-PRESIDENT

Name EGGER, JIM Name KUSHNER, RICHARD G.

Address 4205 VINELAND ROAD, SUITE L1 4205 VINELAND ROAD, SUITE L1 Address

City-State-Zip: ORLANDO FL 32811 ORLANDO FL 32811

City-State-Zip: Title CO-PRESIDENT

Title AUTHORIZED REPRESENTATIVE Name MERRICK, TRAVIS

Name KISER, LACY 4205 VINELAND ROAD, SUITE L1 Address

Address 4205 VINELAND ROAD, SUITE L1

City-State-Zip: ORLANDO FL 32811 City-State-Zip: ORLANDO FL 32811

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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.

07/15/2025 SIGNATURE: BENJAMIN BUTTERFIELD **SECRETARY** 

Electronic Signature of Signing Authorized Person(s) Detail

Date

# **Authorized Person(s) Detail Continued:**

Title VICE PRESIDENT
Name DANFORTH , PAUL

Address 4205 VINELAND ROAD, SUITE L1

City-State-Zip: ORLANDO FL 32811