

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000010350

**Entity Name:** ED GOT IT L.L.C.

**Current Principal Place of Business:**

5506 N RIVERSHORE DR  
TAMPA, FL 33603

**Current Mailing Address:**

5506 N RIVERSHORE DR  
TAMPA, FL 33603 US

**FEI Number:** 86-1535833

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FAISON, ANG E 3RD  
5506 N RIVERSHORE DR  
TAMPA, FL 33603 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 MGR  
Name FAISON, ANG E 3RD  
Address 5506 N RIVERSHORE DR  
City-State-Zip: TAMPA FL 33603

*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:** ANG FAISON

**OWNER**

**03/13/2022**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date