Secretary of State
Corporation Division
255 Capitol Street NE, Suite 151
Salem, OR 97310-1327

Phone: (503) 986-2200
FAX: (503) 378-4381
sos.oregon.gov/business

2023 ANNUAL REPORT

REGISTRY NUMBER: 63792197
DATE OF FILING: 10/16/2009
FEE: $100
DUE DATE: 11/3/2023
TYPE: DOMESTIC LIMITED LIABILITY COMPANY

EDGEWOOD ENTERPRISES, LLC
155 SHEVLIN HIXON DR
BEND OR 97702

FILED: DEC 1, 2023
OREGON SECRETARY OF STATE
63792197-25294471
EDGEWOOD ENTERPRISES, LLC **RENANA**

Business Name:
EDGEWOOD ENTERPRISES, LLC

Jurisdiction: OREGON

The following information is required by statute. Please complete the information below. If any of the information is incorrect, you can make changes on this form. Failure to submit this Annual Report and fee by the due date may result in inactivation on our records.

REGISTERED AGENT: Lindsey Grieb ~~HLR CORPORATE SERVICES, INC.~~

STREET ADDRESS: (Must be an Oregon Physical Street Address) ~~747 SW MILL VIEW WY, BEND, OR 97702~~ 155 Shevlin-Hixon Drive, Bend, OR 97702

If the Registered Agent has changed, the new Agent has consented to the appointment.

Type of Business: BUILDING OWNER

Principal Place of Business Address: (Physical Street Address) 155 SHEVLIN HIXON DR, BEND, OR 97702

Mailing Address: 155 SHEVLIN HIXON DR, BEND, OR 97702

Member(s) or Manager(s) Title, Name and Address:

MEMBER - BENJAMIN GRIEB	155 SHEVLIN HIXON DR, BEND, OR 97702
MEMBER - LINDSEY GRIEB	155 SHEVLIN HIXON DR, BEND, OR 97702
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Execution: I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any members, managers, employees or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature [signature] **Printed Name** Lindsey Grieb

Date 11/1/2023 **Phone Number** 541-977-2580

Make check payable to "Corporation Division" and mail completed form with payment to the address above.
Note: Filing fees may be paid with a major credit card. Submit the card number and expiration date on a separate page for your protection.