2001 UNIFORM BU	SINESS REPOF	RT (UBR)		
DOCUMENT # L -129	827			
Cutting Edge Design + Construction I, LLC			FILED	
Principal Place of Business Mailing Address			O1 APR 27 PN 8: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Daytona Beach, FL 32118 Dayto a Beach, FL				
	<u> </u>	2118		
2. Principal Place of Business  Suite, Apt #, etc.	3. Mailing Address  Suite, Apt. #, etc.		PO MOT MOTE IN THIS SPACE	
City & State	City & State		DO NOT WRITE IN THIS SPACE	
Zip Country		Country !	4. FEI Number 59-3691930   Applied For Not Applicable	
6. Name and Address of Curre			5. Certificate of Status Desired \$5.00 Additional Fee Required  7. Name and Address of New Registered Agent	
/   // /		Name	7. Name and Address of New Registered Agent	
Gillespie, Micha 600 N. Atlantic A	lue	Street Address (	(P.O. Box Number is Not Acceptable)	
	FL 32118	City	FL Zip Code	
8. The above named entity out nots this statement		istered office or register		
SIGNATURE				
Signature types it printed name of registered age		gistered Agent signature required	d when reinstating) DATE	
		III FEE IS \$50.00 ble to Department of	of State	
9. MANAGING MEM	IBERS/MEMBERS	10.	ADDITIONS/CHANGES	_
TITLE Managing Member NAME STREET ADDRESS CITY-ST-ZIP 600 N. Atlantic Ave T	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	.083 (11/00)
TITLE	Delete	TITLE	-05/21/0101202@-002 <sup>Addition</sup>	CKZ
NAME STREET ADDRESS City-St-Zip	·	NAME STREET ADDRESS CITY-ST-ZIP	*****50.00 *****50.00	ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
ITTLE  NAME  STREET ADDRESS  CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
11. I hereby certify that the information supplied wi indicated on this report is true and accurate an limited liability company or the receiver or high.  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF THE PRINTED NAME OF	d that my signature shall have the see empored to execute this ripo	ame legal effect as if mart as required by Chapte	4/25/01 386 267-1651	