

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000030094

FILED
Aug 04, 2004
Secretary of State

Entity Name: CUTTING EDGE CONSULTING, L.L.C

Current Principal Place of Business:

4208 PINE ISLE DR
LUTZ, FL 33558 US

New Principal Place of Business:

1904 W DEKLE AVE
#101
TAMPA, FL 33606 US

Current Mailing Address:

4208 PINE ISLE DR
LUTZ, FL 33558 US

New Mailing Address:

1904 W DEKLE AVE
#101
TAMPA, FL 33606 US

FEI Number: 20-0150800

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PANAZZE, ANGELA L
4208 PINE ISLE DR
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

PANAZZE, ANGELA L
1904 W DEKLE AVE
#101
TAMPA, FL 33606 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: ANGELA L PANAZZE

08/04/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: PANAZZE, ANGELA L
Address: 4208 PINE ISLE DR
City-St-Zip: LUTZ, FL 33558 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PANAZZE, ANGELA L
Address: 1904 W DEKLE AVE #101
City-St-Zip: TAMPA, FL 33606 US

Title: MGR () Change (X) Addition
Name: CASTENDYK, CHRISTOPHER M
Address: 1904 W DEKLE AVE #101
City-St-Zip: TAMPA, FL 33606 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: ANGELA L PANAZZE

MGR

08/04/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date