

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90233 021 ***138.75

DOCUMENT # L04000006048

1. Entity Name
THE CUTTING EDGE LAWN DESIGN, LLC



Principal Place of Business
8344 SHENANDOAH DR
TALLAHASSEE, FL 32317 US

Mailing Address
8344 SHENANDOAH DR
TALLAHASSEE, FL 32317 US

2. Principal Place of Business - No P.O. Box #
9302 Faraway Farms
Suite, Apt. #, etc.

3. Mailing Address
9302 Faraway Farms
Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip 32317 **Country** USA

Zip 32317 **Country** USA

03112008 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2123097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DURDEN, JENNIFER G
8344 SHENANDOAH DR
TALLAHASSEE, FL 32317

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
9302 Faraway Farms
City Tallahassee **FL** **Zip Code** 32317

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jennifer G. Durden* Jennifer G. Durden, MGRM
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 3-11-08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DURDEN, BRIAN E	
STREET ADDRESS	8344 SHENANDOAH DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	DURDEN, JENNIFER G	
STREET ADDRESS	8344 SHENANDOAH DR	
CITY-ST-ZIP	TALLAHASSEE, FL 32317	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9302 Faraway Farms	
STREET ADDRESS	Tallahassee, FL 32317	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	9302 Faraway Farms	
STREET ADDRESS	Tallahassee, FL 32317	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Jennifer G. Durden* Jennifer G. Durden 3-11-08 550-0927
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #