2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L04000084921

Entity Name: A CUT ABOVE THE BEST, LLC

Current Principal Place of Business:

9308 BAHIA RD
OCALA, FL 34472

New Principal Place of Business:

Current Mailing Address:

9308 BAHIA RD
OCALA, FL 34472

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
660 E. JEFFERSON ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: POWELL, LUKE
Address: 9308 BAHIA RD
City-St-Zip: OCALA, FL 34472

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

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

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM ( ) Change (X) Addition
Name: SOTO, LUIS
Address: 13779 S.E 42ND AVENUE
City-St-Zip: BELLEVIEW, FL 34472

Title: MGRM ( ) Change (X) Addition
Name: ACEVEDO, DAVID
Address: 7500 SE 112TH LN
City-St-Zip: BELLEVIEW, FL 34420

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: LUKE POWELL MGRM 05/01/2005

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