


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L05000004751</b> 1. Entity Name THSAVEDGE, LLC	
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Principal Place of Business 9736 FOX CHAPEL RD. TAMPA, FL 33647	Mailing Address 9736 FOX CHAPEL RD. TAMPA, FL 33647
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**DO NOT WRITE IN THIS SPACE**



01052007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 41-2165895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  SAVEDGE, TODD H 9736 FOX CHAPEL RD. TAMPA, FL 33647
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**DO NOT WRITE  
IN THIS SPACE**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SAVEDGE, TODD H 9736 FOX CHAPEL RD TAMPA, FL 33647
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04/11/07-80081-010 50.00

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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: Todd H Sledge 4/2/07 813-361-5038

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #