


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # L05000004751 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



01102008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 41-2165895	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

U000000904846
05/01/08-80029-011 143.75

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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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 4/15/08 813-361-5038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #