

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000030760

Entity Name: PRO EDGE CUTLERY, LLC

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5475 SHIRLEY STREET, #2  
NAPLES, FL 34109

**New Principal Place of Business:**

4484 ARNOLD AVE.  
NAPLES, FL 34104 UN

**Current Mailing Address:**

5475 SHIRLEY STREET, #2  
NAPLES, FL 34109

**New Mailing Address:**

4484 ARNOLD AVE.  
NAPLES, FL 34104 UN

FEI Number: 20-2741630

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AMBROSI, RUDY  
5475 SHIRLEY STREET, #2  
NAPLES, FL 34109 US

**Name and Address of New Registered Agent:**

AMBROSI, RUDY  
4484 ARNOLD AVE.  
NAPLES, FL 34104 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: RUDY AMBROSI

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: AMBROSI, RUDY  
Address: 4484 ARNOLD AVE.  
City-St-Zip: NAPLES, FL 34104

I hereby 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: RUDY AMBROSI

PRES

03/20/2012

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