

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000052554

FILED
Feb 08, 2009
Secretary of State

Entity Name: THE CUTTING EDGE L.L.C.

Current Principal Place of Business:

12711 BRUCE HUNT RD
CLERMONT, FL 34715

New Principal Place of Business:

Current Mailing Address:

12711 BRUCE HUNT RD
CLERMONT, FL 34715

New Mailing Address:

FEI Number: 51-0548976

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, CHRISTOPHER M
12711 BRUCE HUNT RD
CLERMONT, FL 34715 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/MANAGERS:

Title: MGR () Delete
Name: NEWSOME, CHRISTOPHER M
Address: 12711 BRUCE HUNT RD
City-St-Zip: CLERMONT, FL 34715

Title: MGRM () Delete
Name: PERRY, DOUG
Address: 2550 CITRUS TOWER BLVD APT #6106
City-St-Zip: CLERMONT, FL 34711

Title: MGRM () Delete
Name: RHODEN, KENRICK D
Address: 1209 N JACKS LAKE RD
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

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

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

Title: MGRM (X) Change () Addition
Name: HARDELL, JOHN M
Address: 14309 VIBURNUM LN
City-St-Zip: ORLANDO, FL 32828

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHRISTOPHER NEWSOME

MGR

02/08/2009

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